1PLACE OF DEATH	02220 STATE OF MARY
County Wachington	92-a CERTIFICATE OF
0	Registration Dist. No
Village of Williamsport (No. 31 _ 8	Vermont St: Ward) (If d a hos tion, stead
2FULL NAME Joanna Barber	numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
female White Single, MARRIED, WIDOWED.Widowed (Write the word)	16 DATE OF DEATH  Feb. 2, 1931  (Month) (Day)
6 DATE OF BIRTH Nor 8. 1848, 1	17 I HEREBY CERTIFY, That / attended to
(Month) (Day) (Year)  7 AGE 82 years 10 mo 23 day    LESS than   day hrs.   day hrs.   ds.   or min.?	The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer)	Contributory Wrak head
10 NAME OF FATHER John Lynch	(Sided) (Duration) yrs.
OF FATHER Maryland (State or country)	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Foutz	18 LENGTH OF RESIDENCE (For Hospitals, Ins
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of death State Yrs. Yrs. Yrs. Yrs. Yrs. Yrs. Yrs. Yrs.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	if not at place of dea.h?
(Address) Williamaport Md	Williamaport Md Beb 4.ADDR
Filed Registrar  If more banks are needed, address tate Registrar	Albert Loaf Williamsport r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE	OF N	MARY	LAI	D
CERTIFIC	CATE	OF	DE	HTA
Pagist	ntion I	Nia Ni	.3	01

St:Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	440

(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from 192 1. to 19	MEDIOAL CERTIFICATE OF DEATH
that I iast saw h 12 alive on \$\frac{192}{100}\$. to \$\frac{100}{100}\$. \$\frac{1}{2}\$ \$\text{, 192}\$.  and that death occurred on the date stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  The CAUSE OF DEATH * was as follows:  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Contributory of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\frac{1}{2}\$ \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \]  \[ \text{Mill of the stated above, at \$\text{, max}\$.  \]  \[ \text	Feb 2, 1931 , 192 (Month) (Day) (Year)
Contributory Secondary  (Duration)  (Duration)  (Contributory Secondary  (Duration)  (Duration)  (Sicked)  (Address)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Sicked)  (Address)  (Duration)  (Machine Cautes)  (Sicked)  (Sicked)  (Sicked)  (Sicked)  (Sicked)  (Sicked)  (Sicked)  (Sicked)  (Address)  (Duration)  (Machine Cautes)  (Sicked)  (Address)  (Puration)  (Sicked)  (Si	Jen 29 1921. 10 Hell. 2 , 1921
Contributory Secondary  (Duration)  (Siched)  (Address)  (Daths from Value (Siched)  (Siched)  (Siched)  (Siched)  (Siched)  (Address)  (Daths from Value (Siched)  (Siched)  (Siched)  (Siched)  (Address)  (Daths from Value (Siched)  (Siched)  (Siched)  (Siched)  (Siched)  (Siched)  (Address)  (Daths from Value (Siched)  (Siched)  (Siched)  (Siched)  (Address)  (Daths from Value (Siched)  (Sich	The CAUSE OF DEATH * was as follows:
(Sided)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Williams Dort Residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL	Contributory wrak head action
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Williams of Injury and (2) Whether are deather and the place of	(Sipped) gll It illuration M.
ients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds  Where was disease contracted, if not at place of death?  Former or usual residence place of BURIAL OR REMOVAL DATE OF BURIAL  Williams Dort W. Reh 14 19 19 19 19 19 19 19 19 19 19 19 19 19	Violent Causes, state (1) Means of Injury and (2) Whether
of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence DATE OF BURIAL  Williams Dort To Reh 14 19 19 19 19 19 19 19 19 19 19 19 19 19	
Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL Williams port Wd Reb 4. 1931	of death yrs mos ds. State yrs mos Where was disease contracted,
Williamaport Md Reb 4. 1931 , 19	Former or
- William Dort Wa Mah 4. 1931	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	- William Dort Wa Mah 4. 1931
Alhert Leaf Williamsport Wa	Albert Leaf Williamsport wa

No. 1 න්

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary (Recommendations on statement of cause of death peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

	PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 367
Vill	age or City Hagerstown (No. Cavetown F	ike Near Hagersa: town ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s Ma	EX 4 COLOR OR RACE SINGLE. MARRIED, Married White Widowed. OR DIVORCED (Write the word)	February 12 , 1931 (Month) (Day) (Year)
6 D	October 8, , 1.852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to FSA 2 , 1931 that I last saw h 420 alive on FSA 0 4 , 1931
7 A	If LESS than	and that death occurred on the date stated above, at 11:00A m. The CAUSE OF DEATH * was as follows:
1 3001	CCUPATION a) Trade, profession or articular kind of work Laborer	6. asterne relevous
bi w	O) General nature of industry usiness, or establishment in hich employed or (employer)  IRTHPLACE (State or country)  Md.  10 NAME OF FATHER  John Betts  11 BIRTHPLACE OF FATHER (State or country)	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME Sarah Barber  OF MOTHER Sarah Barber  13 BIRTHPLACE OF MOTHER Md.	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 1	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
	(Informant) Mrs. Amanda Betts (Address) Near Hagerstown, Md.	Rose Hill Cemetery Feby. 14, 131
15	Filed 2-13-193/6/hoss/ Bowers	Fred W. Kraiss, Hagerstown, Md.
	· If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write Nonc. For many occupations a single word or term on yrs). Stationary fireman, etc. But in many Grocery,

whatever, write None.

Statement of Cause of Death—Name, first, the Disease: Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebrospinul fewer (incver report "Typhoid fewer (incver report "Typhoid Pneumonia,")

Typhoid fewer (incver report "Typhoid Pneumonia,")

"Debility" ("Congenital," "Scnile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., ol approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions appeared in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

9	ECORD /	ed EXACTLY, PHYSI- erly classified. Exact rtificate.
MARGIN RESERVED FOR BINDING	WRITE PLANTH UNFADING INK-THIS IS A PERMANENT ECORD	Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	-	M O ®

Vil	lage at City	Pine	obur	g		(No			J.
	²FUI	L NAM	EC	ryat	-1	Lo	roi	ne	Bop
	PERSON	IAL AN	D STA	TISTIC	CAL	PART	ıcu	LAR	s
	ex Cemale		or or s	RACE	WIL	RRIED, DOWED DIVOR ite the	CED	_	le
6 [	DATE OF BIR		30	3.4		3077			
		*************	Nov.	/on th)	o ,	(Day		, 1	(Year)
7 4				0.7	-				SS tha
0 (	OCCUPATION a) Trade, pro-	ofession	· ·	non	los		_d.	or	yhr
) (I	occupation  a) Trade, pro articular kino b) General na usiness, or es	ofession d of wor ature of stablishmed or (en	or k industry ent in aployer)	noi	1 e	77 77 79 7	_d.	or	yhrs
) (I	occupation a) Trade, pro articular kind b) General na	ofession d of wor ature of stablishmed or (en	or k industry ent in aployer)	noi	1 e	77 77 79 7	_d.	or	yhr
) (I	occupation  a) Trade, pro articular kino b) General na usiness, or es	ofession d of wor ature of stablishm ed or (en	or k industry ent in aployer)	non	ne	70 71 70 7	_d.	or	yhr:
9 E	CCCUPATION a) Trade, properties a tricular kine b) General natural metals a trade of the control	ofession d of wor ature of stablishm ed or (en untry)  F  ACE ER country)	or industry ent in aployer)	non	ne	70 71 70 7	_d.	or	yhrr
ARENTS 6	occupation a) Trade, properties articular kine b) General nausiness, or earthich employed BIRTHPLACE (State or cottlette) 10 NAME OF FATHER	ofession d of wor ature of stablishm ed or (en untry)  F  ACE ER country) NAME	or ck industry tent in apployer)	nor	ne '"" and Bp	70 71 70 7	de.	or	yhr:
RENTS 6	CCCUPATION a) Trade, properties of the propertie	ofession d of wor ature of stablishmed or (en antry)  F  ACE ER  country)  NAME JER  ACE	or ck industry ent in ployer)  Mor	nor	ne '"" and Bp	ppe	de.	or	yhrz
PARENTS	CCCUPATION a) Trade, properties of the propertie	ofession d of wor ature of stablishm ed or (en antry)  F  ACE ER country)  NAME JER JER Country)	or ck industry lent in aployer)  Mac  Mar	nor ryladia de la companya de la com	ne '''''' Bp	ppe	da.	or	min.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3

Ward)

(If death occurred In a hospital or institu-tion, giva its NAME in-stead of streat and number.)

16 DATE OF DEATH  Feb. 8 : 1931 , 192  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 1921 to Fel. , 1924, that I last saw h la alive on fel. The property of the control of the data stated above, at m. The CAUSE OF DEATH * was as follows:
that I last saw h A alive on fell The part of the transfer of
Contributory Secondary
(Signed) Duration) Syre mos. de.  (Signed) M. D.  Fell 12, 1925 (Address) Williams of the fill of the
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiants or Racent Residents)
At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?
Former or usual readence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Williamsport Md Feb. 10.193119
20 UNDERTAKER ADDRESS

If mora bianks are needed, addre.s tata Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Feb.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

r, physi-	PLACE OF DEATH  County Nash inchan  WITHIN CURPORATE LIMITS CO	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2
CORD ted EXACTE.	Village or City Mageystown (No.16/2 Belle	Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
T tated E cortific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN De se pe con	Temale White (Write the word)	18 DATE OF DEATH [ 20 ( , 193 )
A PER.	6 DATE OF BIRTH  2 Que 28, 1931  (Month) (Day) (Year)	that I last saw h 27 alive on + U 19 192 192 192 192 192 192 192 192 192
S IS	7 AGE	and that death occurred on the date atated above, at
RESERV NG INK refully sur	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Head Facture Secondary  (Duration) yrs mos de
WITH ation sho	10 NAME OF FATHER John Calvin Bost  11 BIRTHPLACE OF FATHER (State or country) (Cayoling)  12 MAIDEN NAME OF MOTHER P. 20 BOLL BOST	(Signed)
PL of informuld state	13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of deathyrsmoa,ds. Stateyrsmosds  Where was disease contracted, if not at place of death?
WRITE WEITE CIANS shot statement	(Informant) Mrs Rosa B. Bost  (Address) Hager Stown, Mrd  15 Filed 2-26-1924 Chast Bowers  Registrar	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  H. J. Cuyllongua Hally town
Do Norma	If more bianks are needed, address State Registrar	

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, ctc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook; Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully cm-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> telanus) may be stated under the head of "contributory." approved by Committee on Nomenelature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., ol (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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	B Every item of Information should be carefully supplied. ACE should be stated EX.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly c	statement of OCCUPATION is very important. See instructions on back of certifica
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County AND LIMITS OF	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 30 2
Village or City Hagnestum (No. 343 17 2FULL NAME Lee Buttle	Ward)  (If death occurred in a hospital or institution, give its NAME instead of a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH  1 Unknown , 1,872	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from  Tely 3 193 1  that I last saw herealize on Tely 1, 193 1
(Month) (Day) (Year)  7 AGE    If LESS than   I day	and that death occurred on the date stated above, at 12 Wassen.  The CAUSE OF DEATH * was as follows:
58 yrs	Contributory Methal regers fation —  (Duration) yes mos do.  Contributory Methal regers fation —  Secondary (Duration) — yes mos do.
10 NAME OF George Beaner	(Signed) (Signed) (Signed) M. D. Hely 17 1923 (Address) Hagenstown Mil
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother America Robinson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Payton Law,  (Address) Hagerstown, Md.	Rose Hill Cemetery Feby 19 31
Filed 2-19- 1923/ Charth Bourso	Fred W. Kraiss, Hagerstown, Md.
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, definite salary), may be entered as Housewife, House-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm luborer, Laborerwithout more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

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infor

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Should SE OF DI CAUSE d state WRITE PL S should Every item of CIANS should statement of

PHYSI-PLACE OF DEATH

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE

OF MOTHER (State or Country)

(State or country)

PARENTS

County Washington

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 Z

²FU	ULL NAME Mary Viola Diete	rich stead of street and number.)	
PERSO	NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
sex Female	White White Single, Married Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 5 , 193/ (Month) 5 (Day) (Year)	
6 DATE OF BII	October 4, 1896 , 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1981 to 2/5, 193/, that I last saw her alive on 2/5, 198/.	
7 AGE	If LESS than     day hrs.     ds.   or min.?	and that death occurred on the date stated above, at 8.30 Pm.	
(a) Trade, proparticular kin		sinth myranted Factors.	
business, or	nature of industry establishment in yed or (employer)	Continue 8 yrs mos de.	
9 BIRTHPLACE (State or co		Contributory Secondary  Secondary  Duration  Secondary	
10 NAME (	Albert S. Johnson	(Signed) J Musky M. D.	

\*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

lents of Recent Residents)	,
At place of deathyrsmosds.	In the Stateyrsmosds

(Address) // OMII ashur

deaths from

and

Where was disease contracted, if not at place of death? Former or

usual readence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rest Haven Cemetery Feby.

20 UNDERTAKER Fred W. Kraiss. Hagerstown, Md.

Pa.

Md.

Corbett

Anna

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edgar I. Dieterich,

(Address) Hagerstown, Md.

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of definite salary), may be entered as Housewije, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many who are engaged in the duties of the For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The contributory affection need not be Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

### Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact BIN A MARGIN RESERVED FOR WITH UNFADING INK-THIS WRITE PL.

N. B.--

1 <sub>PLA</sub>	CE OF DEATH			02228	STATE OF	MARYLAND
County,	Washington	a majoritania da dang ara da diliki (a) (1986)		94-0		E OF DEATH
	PRIN CORPORATE LIMIT	3 01		0.0	Registration	Dist. No. 302
	City Hagerstown			ltimore	St: 3 War	d) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
	FULL NAME Cla	AY COH PAHI	ney		***************************************	number.,
PERS	SONAL AND STATIST	ICAL PARTICU	LARS	MEDIC	CAL CERTIFICATE	OF DEATH
Nale Male	White	MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	rried	DATE OF DEATH	Februar	y 6, , 1921.
6 DATE OF		nber 2,		-/ /2	5 193/ . to F	ttended the deceased from
7 AGE	(Month		If LESS than ar		-	ed above, at 2 ff m
particular (b) General business, of which emp	profession or kind of work	Wor	onstruct.		(Duration)	Vis. mos de
10 NAM	country)			Secondary	(Duration)	Jis mos de
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T 12 MAIL	DEN NAME OTHER  MANUAL  OTHER	set Fa	ul de la	LENGTH OF R	ESIDENCE (For Hos	Injury and (2) Whether
13 BIRT	HPLACE OTHER te or Country)		of	ients or Recent R place death yrs	mosds. S	tated
14 THE ABO	VE IS TRUE TO THE BEST	OF MY KNOWL	EDGE if	not at place of de	a.h?	
(Inform	ant) Mrs. Mary	Fahrney,	us	PLACE OF BURI		DATE OF BURIAL
(A	ddress) Hagersto	wn, Md.		Rose Hill		Feby. 8, 19 3
15 Filed	2-7-193/6	Kost 30		red W. Kr	raiss, Hage	ADDRESS

if more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros penal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

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	PLACE OF DEATH	12239 STATE OF MARYLAND
	N 0: 7 (9)	CERTIFICATE OF DEATH
Co	ounty Addition of the contract	Registration Dist. No. 30)
/ille	ge or City Hagenton (No. Mask.)	Ward)  Asplication Ward)  All death occurred in a hospital or institution, give its NAME instead of street and mamber.)
	2 FULL NAME AMAGENTAL CONTRACTOR	7
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	Male White SINGLE, MARKIEF, Widowed  OR DIVORCED (Write the word)	(Month) (Day) (Year)  IT I HEREBY CERTIFY, That Lattended the deceased from
6 D	ATE OF BIRTH	10ac 27 1988, 10 Fret 6 1931.
	Jane 22, 1513. (Month) (Day) (Year)	and that death occurred on the date stated above, at 12/5.
AG	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(a	CCUPATION ) Trade, profession or Laboraticular kind of work	of Rught of for
b	o) General nature of industry usiness, or establishment in County hich employed or (employer)	(Duration) yrs/mos/f.de,
-	RTHPLACE (State or country) Md	Secondary Secondary (Duration)
	10 NAME OF Misolas Tahmu	(Signed) 4 Golder M. D.
ENTS	11 RIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Neans of Injury; and (2) whether Accidental, Suicidal or Homicidai
PAR	12 MAIDEN NAME Mary R Gray	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents).
	IS BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	Smithsburg 2,192/ 20 UNDERTAKER ADDRESS
	Filed 2 1 1921 Phost Power Registrar	William Aldwing Smelfaler
	wore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planto; tiou applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given ap on account of the bisease causing DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enpioyed, as At "chool or At home. Care should be taken work, or 11 definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer. Farm laborer. Laborerer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-The material

EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the one disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondarges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of quences (e. g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, STICEDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mailgnant neopiasms); Measles; ......(name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. State cause "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) train-uccident: Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Anaemia" "Coma," "Con-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

iAR 4 193

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT should Registration Pist. No. of (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement RECORD If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT CTL (Month) (Day) (Yaar) classified. 5a. If married, widowed, or divorced 22. CERTIFY. That I attended deceased from 4 × 田 last saw 6. DATE OF BIRTH (month, day, and fear) certificate properly 7. AGE Month If LESS than to have occurred on the date stated above, at. hrs. 1 day. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance . min. IS were as follows: Date of onset 8. Trada, profession, or particular TION THIS kind of work done, as SPINNER be Jo SAWYER, BOOKKEEPER, atc. back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... INK it 10. Data deceased last worked at 11. Total time (years) no this occupation (month and spent in this AGE occupation \_ instructions UNFADING 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13, NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?\_ carefully Was thera an autopsy?\_\_\_ MOTHER 15. MAIDEN NAME important 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town OF DEATH (State or country) Whera did injury occur?\_\_\_\_ pe (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. pluods very (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury WRITE CAUSE mation Nature of injury, LION 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

BINDIA

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	- 1	Example II		
The principal cause of deat of importance were as follow	h mid related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR A N	1 1915	Attock of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 doys ago	
	and the second s		3		
Other contributory causes of	of importance:		Other contributory causes of importance:	A-151	
Gallstones		Moy 1,1923	Gostroenteritis	1 year	
				17	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND

CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH ....(Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: Measles (disease

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V. S. No. 1

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City(No. Hagersto	Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 ( , 193 ) ( (Day) (Year)
G DATE OF BIRTH  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from Juneary 6, 192 1, to Juneary 6, 192 1, that I last say haralive on July 12, 1923.
7 AGE   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 8.105 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Cerebral semontings
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Attitio Schrosis mos Q ds.
(State or country) Sermany	Secondary  Duration) yre mes de.
10 NAME OF FATHER Justice Soulock	(Signed) M. D. M. D. T. W. 1923 (Address) Many Ensforces M. 1923
Z (State or country) Semany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Anjury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Anna C. Reman  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE	Where was disease contracted, if not at place of death?
(Informant) Daniel H. Garlock	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Nagerstourn 10	20 UNDERTAKER ADDRESS
Filed Registrar  If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dr. Brender

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from sary to know (u) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed ." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal minc, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

If this

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

certificate is looked over thoroughly and all questions

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Never report mere symptoms or terminal condietc. The contributory valvular heart disease; Measles ;

V. S. No. 1

	PLACE OF DEATH	02233 STATE OF MARYLAND
	county Washington	CERTIFICATE OF DEATH
	WITHIN COMPARATE LIMITS OF	Registration Dist. No. 30 3
	Village or City Mag CAStown (No. 148 10	St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	MARRIED I NOTO WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Sept 18, 1930	, 192, 192,
	(Month) (Day) (Year)	that I last saw haiive on, 192,
	7 AGE   If LESS than   1 dayhrs.	and that death occurred on the date stated above, at
	yrs. S mos. O ds. or min.?	Incurrent no farther information; no
Z	a OCCUPATION (a) Trade, profession or ON C	physician in the case confor
-	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs,mosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrsds
	10 NAME OF E Mey Garrett	(Signed) Pakal Deffe for Corono M. D. Mw 4 Z 1981 (Address) By USLO M.
	II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother was a lewis.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) The Elmer Garrett	Former or usus residence TA
	(Address) Xally Stun, Tha	Kagens Jown III a Illay 2. 103'
	Filed 2 2 192/ Short Bowers Registrar	THE CULYMAN HOLLYSTOWN IN
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Solesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease etc. The contributory

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MARGIN RESERVED FOR BIND LY, WITH UNFADING INK--THIS IS A

Vil	lage or City	Hayers	low	(No. )	ashing	
2 FULL NAME lelara V Green						
PERSONAL AND STATISTICAL PARTICULARS						
3 5		0 0	T RACE	WIDOWED.		
7	emele	testor	ed	Write the	Adow	
6 [	ATE OF BIR	тн	1			
	1 E	D 0001 *********************************	(Month)	(Day)	(Year)	
7 A	GE			0	If LESS than I day hrs.	
		70 yrs.	A mo	s. / d	s. ormin.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in						
						9 E
	10 NAME 0	F Share				
STZ	OF FATH	ER				
ARE	12 MAIDEN	NAME		0 -		
۵	OF MOTH	ER .				
14			HE BEST O	F MY KNOW	LEDGE	
	(Informant)	mis	may	& The	nuas	
	(Addr	ess) May	eesto	ieus-	my	
15	Filed 2	20- 19	31 64	utto	Rogistrar	
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If more branks are needed, address State Registrar,

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Diat. No.302

Ward)	(if death occurred a hospital or inst tion, give its NAME stead of street number.)	itu-
-------	--	------

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH FOLY 18, 1931
17 I HEREBY CERTIFY, That I attended the deceased from  [Aury 12], to Jeby 15, 1921,
that I last saw her alive on Jeby, 8, 192, and that death occurred on the date stated above, at 4 from.
The CAUSE OF DEATH * was as follows:
Ouflerenza -
(Duretion) vis mos 3 ds.
Contributory Chrome aleer of left leg
(Signed) D. D. C. Johnson M. D.
*State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death
Former or usual residence \40 \V Chuvch St
PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  LANGE 1931  APDRESS
FT. COYMAN Hagerstown 16 W. Saratoga St., Ballon, Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a mer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative liealth-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwork, er," etc., without more precise specification as laborer, Farm loborer, Loborer—Cool mine, etc. V Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesmon. (b) Grocery, man, (b) Automobile fuctory. The materia. Stationary firemon, etc. But in many For persons who have no occupation Loborer-Cool mine, etc. Womsingle word or term on Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of ever (the only definite synonym is "Epidemic cerebror spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," (secondary Whooping cough; Chronic valvular heart disease, Chronic interstitiol nephritis, etc. The contributory as fracture of skull, and consequences (e.g., sepsis, teanus) may be stated under the head of "contributory." corbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of Inanition, " "Marasurus,
"Traemia, " "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Committee on Nomenclature contributory not be

this certificate is looked over thoroughly and all questions amewered in detail, it will prevent further correspondence. All the class is essential and must be obtained before the certificate is permanently filed

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WRITE

1PLACE OF DEATH	02236 STATE OF MARYLAND
County Washing to LIMITS CO	CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hazersten (No. 100. 100. 100. 100. 100. 100. 100. 10	Mary Love by Hospe to 3 Ward) a hospital or institu-
PERSONAL AND STATISTICAL PARTICULA	
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2/7 , 193/ (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I artended the deceased from 1931 1931, to 2 17 193/
1 d	ESS than and that death occurred on the date stated above, at 1/2 Am.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of induatry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) May I case of	Contributory Secondary  Suration)  yre mos ds.
10 NAME OF FATHER Harold Helsen	(Signed) Thurty M. D. R. J. 198 . (Address) J. D. Wallington
OF FATHER (State or country) Mary Local  12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Colyabeth Ha  13 BIRTHPLACE OF MOTHER	At place of death yrs
(State or Country) May See of	Where was disease contracted, if not at place of death?
(Informant) Harold Helen	Former or usual residence
(Address) Hagustone may	Rost Money County Tet 18, 1931

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. J

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Laborer-Coal minc, etc. Womsingle word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory." Recommendations on statement of cause of approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. υż

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Exact

PLACE OF DEATH	02237 STATE OF MARYLAND CERTIFICATE OF DEATH
County Casking you	(3)
2000 00 01 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Dist, No. 3
Village or City Clear (Spring(No. (Moule) 2 FULL NAME Mary Hetger	St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX   4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Moulth) (Day), 192/(Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	~192, to
Flaby / Eth 1931	that I last saw h & alive on, 192,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH & was as follows:
Occession I dayhrs.	
8 OCCUPATION	Mickeom
(a) Trade, profession or 72000	
(b) General nature of industry	(Helborn)
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Secondary  Aguration 2
10 NAME OF FATHER Afficient I Artago	(Signed) M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
12 MAIDEN NAME OF MOTHER Malre Deor	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTH PLACE OF MOTHER (State or country)	ients, or Recent Residents)  At place In the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) QJ. Hatzer	Former or usual residence
(Address) alsa Thring Med.	19 PLACE OF BURIAL OR REMOVAL   EATE OF BURIAL   7. 18 18
Filed Lett 8 18/ 1 Minusay Registra	20 UNDERTAKER LOTS ADDRESS COMMENTS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1

### REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health whatever, write Nonc. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupatious of persons enwork, or At Home, and children, uot gainfully emworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-

to time and the same under the same under the only definite synonym is the fever (the only definite synonym is spinal meningitis"); Diphtheria (avoid use of "Croup spinal fever" (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia") EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pre-That!

> ment of cause of death approved by Committee ou head of "contributory." quences ean be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Astheuia," ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uracmia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasuus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopncumonia stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MEANS OF INJURY (c. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles "Anaemia" terminal (disease The na-(second-(merely ctc.

ence. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

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72 27 0	37						
	PLACE OF DEATH	· ·		RTIFICATE	OF DEATH		WEALTH OF PENNSYLVAND RTMENT OF HEALTH AU OF VITAL STATISTICS
County of	or bear	ask	re i	Registration District	No. 302	FII	e No. (122)
	of	••••		Primary Regi District	stration 13	Regiatered	No. 2 302
or City of	2. FULL NAME	Das	iel E	S. He	eks si,	Ward)	[If death occurred in a Hospital or Institution give its NAME instead of street and number.]
	PERSONAL AND	STATISTICA	L PARTICULAR	s	MEDI	CAL CERTIFICATE	OF DEATH
3. SEX	4. COLOR OR R.	ACE 5. SIN	GLE, MARRIED PIVORCED (write	, WIDOWED the word)	16. DATE OF DEATH	4'162111121 (Month)	(Day) (Yes
5a. if ma HUS (or)	rried, widowed, or SBAND of WIFE of	divorced			February 21	PA 193/ JE	That I attended deceased from 1211011 25 The 193
6. DATE	OF BIRTH (month,	day, and year) 🕊	1	1860	that I last save h	ed, on the date state	211121 20 4, 19 ted above at 12,300
7. AGE	Years 70	Months	Days 26	IF LESS than 1 day,hrs.			
	Years 70 PATION OF DECE	4			The CAUSE OF DEAT	H* was as follows:	
8. OCCU	PATION OF DECE	4		1 day,hrs.		H* was as follows:	age
8. OCCU (a) Trac particular (b) Gene business,	PATION OF DECE de, profession, or r kind of work real nature of industry, or establishment io	4		1 day,hrs.	The CAUSE OF DEAT	H* was as follows:	
8. OCCU (a) Trac particular (b) Gene business, which em	PATION OF DECE	4		1 day,hrs.	Cetebral	H* was as follows:	age yrs. 0 mos. 5
8. OCCU (a) Tra particular (b) Gene business, which em (c) Nam	PATION OF DECE  de, profession, or kind of work.  eral nature of industry, or establishment to pployed (or employer)	ASED FL		1 day,hrs.	The CAUSE OF DEAT	H* was as follows:  Hellothyl  (duration) D	yrs. 0 mos 5
8. OCCU (a) Transparticular (b) Gene business, which em (c) Nam  9. BIRTH	PATION OF DECE de, profession, or kind of work	ASED FL		1 day,hrs.	CONTRIBUTORY (SECONDARY)	H* was as follows:	
8. OCCU (a) Traing particular (b) Gene business, which em (c) Nam  9. BIRTH (State of	PATION OF DECE de, profession, or r kind of work eral nature of industry, or establishment to phoped (or employer) te of employer	ASED FL		1 day,hrs.	CONTRIBUTORY	H* was as follows:    Hellothic	yrs. 0 mos 5
8. OCCU (a) Trac particular (b) Gen business, which em (c) Nam  9. BIRTH (State of	PATION OF DECE de, profession, or kind of work eral nature of industry, or establishment to pulpeyed (or employer) e of employer  PLACE (city or town or country)	ASED File Enus Hazr	glvon us His	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas if not at place of	H* was as follows:  Helllozhfl.  (duration)  (duration)  e contracted death?  bede death Abile	yrs. O mos. S- Hyrs. O mos. D HASILLE
9. OCCU (a) Traing particular particular (b) Gene business, which em (c) Nam  9. BIRTH (State of 10. NA	PATION OF DECE de, profession, or kind of work	ASED File Enus Hazr	glvon us His	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diaeas If not at place of Did an operation practice.	H* was as follows:  Helllozhfl.  (duration)  (duration)  e contracted death?  bede death Abile	yrs. O mos. S- Hyrs. O mos. D HASILLE
8. OCCU (a) Trat particular (b) Gene business, which em (c) Nam  9. BIRTH (State of	PATION OF DECE de, profession, or kind of work eral nature of industry, or establishment io pulpoyed (or employer) de of employer  APLACE (city or town or country)  ME OF FATHER  RTHPLACE OF FAT	Escus Lagr THER (city or t	ylvon us His	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diaeas If not at place of Did an operation pract Was there an autopsy What test confirmed (Signed)	H* was as follows:  Helllozhfl.  (duration)  (duration)  e contracted death?  bede death Abile	yrs. O mos. S- Hyrs. O mos. D HASILLE
9. BIRTH (State of Manual Control of Manual Cont	PATION OF DECE  de, profession, or kind of work	Escus Lagri THER (city or to	glvan ylvan us His ylvan How	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas If not at place of Did an operation pract Was there an autopsy What test confirmed (Signed) (Address)	(duration)  (duration)  (duration)  e contracted death?  death?  diagnosis?	yrs. 0 mos. 5 Afformer Poste of Stone Linear Linear Linear
9. BIRTH (State of Manual Control of Manual Cont	PATION OF DECE de, profession, or thind of work eral nature of industry, or establishment io played (or employer)  HPLACE (city or town or country)  ME OF FATHER RTHPLACE OF FATHER RATHPLACE OF FATHER ALDEN ME OF MOTHER	Escus Lagri THER (city or to	glvan ylvan us His ylvan How	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas If not at place of Did an operation pract Was there an autopsy What test confirmed (Signed) (Address)	(duration) (duration) (duration) (e contracted death? (diagnosis?	yrs. O mos. S  Af Holice  Date of Stolice  Lillical  Catholical  C
9. BIRTH (State of Manual Park of Ma	PATION OF DECE  de, profession, or kind of work	Escus Lagri THER (city or to	glvan ylvan us His ylvan How	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas if not at place of Did an operation pract was there an autopsy What test confirmed (Signed) 19 (Address)  *State the DISEASE CA (1) MEANS AND NATURE	(duration) (duration) (e contracted death? (diagnosis? (USING DEATH, or in do of Injury, and (2) we eside for additional sp	yrs. O mos. S.  Af Afolice  Date of Afolice  Lillical  eaths from Violent Causes, whether Accidental, Spicestal
9. BIRTH (State of State of St	PATION OF DECE  de, profession, or kind of work eral nature of industry, or establishment io pulpoyed (or employer)  HPLACE (city or town or country)  ME OF FATHER  RTHPLACE OF FATH (ate or country)  AIDEN ME OF MOTHER  RTHPLACE OF MOTHER  R	Escus Lagri THER (city or to	glvan ylvan us His ylvan How	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas if not at place of Did an operation pract was there an autopsy What test confirmed (Signed) 19 (Address)  *State the DISEASE CA (1) MEANS AND NATURE HOMICIDAL. (See revers 19. PLACE OF BURIA REMOVAL	(duration) (duration) (e contracted death? (diagnosis? (USING DEATH, or in do of Injury, and (2) we eside for additional sp	Pob. 27 19
9. BIRTI- (State of Market State of Sta	PATION OF DECE  de, profession, or related of work	Escus Lagr THER (city or the Mary or the M	glvan ylvan us His ylvan How	1 day,hrs.	CONTRIBUTORY (SECONDARY)  18. Where was diseas if not at place of Did an operation pract Was there an autopsy What test confirmed (Signed)	(duration) (duration) (e contracted death? (diagnosis? (USING DEATH, or in do of Injury, and (2) we eside for additional sp	yrs. O mos. S.  Af HOULE  Date of HOULE  LILLIER L  LILLIER L  LILLIER L  LANGE ACCIDENTAL, STICEPAR  ace.)  B DATE OF BURIAL  A L  L  L  L  L  L  L  L  L  L  L  L  L

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1 2

DI

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. 'Never return "Laborer," "Foreman," "Manager," "Dealer," etc.. without more precise specification, as Day Laborer Farm laforer, Laborer-Coal mine etc. Women at home, who are engaged in the duties of the bousehold only (not paid Housekeepors, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully empleyed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only

definite synonym is "Epidemic cerebrospinal meningitis") Dinhtheria (avoid use of "Croup") Typhoid fever (never re port "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite) : Tuberculosis of lungs meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles. Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (mercly symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc ), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Inanition," "Marasmus," "Old age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by oarbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Space for additional information by physician.

REGEL A

PLACE

OF DEATH	0223
ashington	

5 SINGLE, MARRIED,

(Month)

WIDOWED.

(Write the word)

(Day)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

(67500)

Registration Dist. No.

(If death occurred in

M. H.	llingsworth	a hospital or institu- tion, give its NAME in- stead of street and number.)
ARS	MEDICAL CERTIFICATE C	F DEATH
idane	16 DATE OF DEATH	7 , 1923/
	(Month)	
1860	oct / 192 1. 10 fr	- 01
(Year)	that I last saw han alive on	7 193/,
If LESS than		above, at 4 3 dm.
	The CAUSE OF DEATH * was as follows:	,
or min.?		mesage
	+ orland School	ris (
	Toursding)	
	(Duration)	
	Contributory Aller on ony	Ald un
	(Duration)	
	(Signed) 9. K. ole	Lea M. D.
<u> </u>	Tyel- 7 1923/(Address) fresi	
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
truan	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
2	At place of deathyrsmosds. In the State	yrsmosds.
	W/L disease contracted	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Registrar

OR REMOVAL

DATE OF BURIAL ADDRESS

20 UNDERTAKER

usual residence

if not at place of death?

PLACE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never neturn "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. to report specifically the occupations of persons enlaborer, Foreman, (b) Automobile factory. The material occupation at beginning of illness. If retired from For many occupations a single word or term on or At Home, and children, Form laborer, (b) Cotton mill; (a) Sulesman. without more precise specification as Day For persons Laborer-Coal mine, etc. who have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL pertionities," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-...... name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the ddig is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH  WITHIN CORPORATE LIMITS	02240 STATE OF MARYLAND CERTIFICATE OF DEATH
$Q_{I}$	Registration Dist. No. 30 Z
Village or City Mageys burno. 330 S.  2FULL NAME HIYAM E. HOY	St.: 3 Ward) (if death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME TOY WE HOY	h bayagy number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAY VILO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Seby 7, 192) (Year) (Year)
6 DATE OF BIRTH 9 4 3 , 1882	17 I HEREBY CERTIFY, That I attended the daceasad from OJ: 29 1930 to Jely, 1931
(Month) (Day) (Year)  7 AGE [If LESS than	and that death occurred on the data stated above, atm
47 yrs. 4 mos. 4ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	5 Mangrestin - Pring / mont
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Contr
(State or country)  10 NAME OF FATHER \( \) \( \) \( \)	Secondary  (Signed)  Secondary  Durstion)  Total M. D. M. D.
II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country)  (State or country)  (State or country)  (A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) MYS H, E, HUYN barger	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hagers to was Mil	Hagus town ITTA Tebulo, 1931
Filed 2-10- 1921 Chasting Registrar	HK Coxx man Hagerstown
If more blanks are needed, addresa Stata Kegistral	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

#### CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Civil engincer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material -Coal mine, etc. Wom-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. approved by Committee on Namenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: Measles (disease valvular heart disease; etc. The contributory

answered in detail, it will preven further corresponded data is essential and must be before the permanently filed roughly and a'l questions



RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., war laborer, laborer, laborer, laborer, farm laborer, l fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will he sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Lahorer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should he taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy 6 Automobile foctory. The material Laborer-Coal mine, etc. Wom-6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tanut,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," "Dehility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., o approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can he ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by roilwoy train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

supplied. ACE should be stated EXACTLY, Pon terms so that it may be properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS IS MARGIN RESERVED DEATH in plai Every item of information should be careful CIANS should state CAUSE OF DEATH in p statement of OCCUPATION is very important WRITE PL

3 5

6 D

7 A

8 0

9 8

PARENTS

(State or Country)

(Informant)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Charles Biser,

Hagerstown,

PLACE OF DEATH

Washington County

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 Z

(No.Washington County Hospital 3 Ward) Village or City Hagerstown

(If death occurred in a hospital or institution, give its NAME In-stead of street and number.)

PERSON	AL AND STAT	TISTICAL PARTICULARS	
EX	4 COLOR OR RA	ACE SINGLE, MARRIED. Married	1
'emale	White	OR DIVORCED (Write the word)	
ATE OF BIRT	н	'n = 6	
	(M	Vle (Day), 1897 (Yesr)	
GE		If LESS than	
••••	3.3 yrs.	mos. 2 9ds. or min.	1
CCUPATION ) Trade, pro	fession or of work	Home Work	-
) General na	ture of industry tablishment in d or (employer)		
RTHPLACE (State or cour	ntry)	Md.	
10 NAME OF	Edwar	d Biser	1
OF FATHE	R	Md.	-
12 MAIDEN	NAME ER Barah	Delauder	,
13 BIRTHPL		Md.	A

2FULL NAME Amanda E. Hutzell

16 DATE OF DEATH  February 17, 19331  (Month) (Day) (Year)  HEREBY CERTIFY, That Lattended the decreased from 192 to 1937  that I last saw h L Lalive on 1937  and that death occurred on the date stated above, at 11:00P m.  The CAUSE OF DEATH was as follows:
Ististual Orghuetin
Contributory Secondary  (Duration)  yrs.  mos.  de.  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Irury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens ients or Recent Residents)
At place of death yrs mos las. In the State yrs mos ds  Where was disease contracted, the grateurs mos ds  if not at place of death?
Former or U ()
Bakersville Cemetery  Date of Burial Feb. 20, 31
Fred W. Kraiss, Hagerstown, Md.

MEDICAL CERTIFICATE OF DEATH

If more bianks are needed, addrs.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (ne. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal II
ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhold fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JRE

	PLACE OF DEATH	STATE OF MARYLAND
	County 1 18 lines a town	(3) CERTIFICATE OF DEATH
	WITHIN COMPORATE LIMITS OF	Registration Dist. No. 302
	Village or City Tagestown (No. 280 ) 1	St.: 3 Ward) (if death occurred in a hospital or institution, give its NAME in-
certificate	2FULL NAME Joiman J. 7	stead of street and number.)
13 -	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 , (Month) 2 (Day) 3 (Year)
d no	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
on	(Month) (Day) (Year)	that I last saw h Ma alive on 7 ch 2, 19231,
truction	7 AGE   If LESS than	The second secon
nstr	39 yrs. 2 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
900	(a) Trade, profession or particular kind of work	
ant.	(b) General nature of industry business, or establishment in	(Duration) yrs 2 mos ds.
mporta	which employed or (employer)	Contributory Walmia
E	(State or country)	Duration yrs nos / ds.
Very	10 NAME OF FATHER acol M. Hutaell	(Signed) H. S. Potterfeld M. D.
	OF FATHER	#State the Disease Causing Double on in double from
	Z (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Ad	of MOTHER White Detrois	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
200	13 BIRTHPLACE OF MOTHER	At place of death yrs ds. In the State yrs ds.
0 .	4 THE ABOVE IS TRUE TO THE BEST OF ALY KNOWLEDGE	Where was disease contracted, if not at place of death?
- 11	and m. H. toll	Former or usual residence
statement	(Informant) ACAGE A STATE TO THE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Stat	(Address) 280 S. Potamer St. Hageston M	20 UNDERTAKER ADDRESS
	Filed Z-4 100/ 6 Kost & Sowers Registrar	Did Bast YSon Boonsbow My
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospingly fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all not be of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on hack of considerate IY, WITH UNFADING INK--THIS IS A PERMANENT RECORD WRITE PLA

BIND

MARGIN RESERVED FOR

1	
PLACE OF DEATH,	STATE OF MARYLAND
1 a 71 ashington	
County ( ) alwaylor	CERTIFICATE OF DEATH
	Registration Dist, No. 30 Z
	ACG1511111511 2751, 110,
Village or City Markettura (No.	St.: Ward) (If death occurred in a hospital or institu-
1 Rehler 1 2 1-	tion aim its NAME in
2FULL NAME CLISATETY ( S)	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. 71 CA 2.	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. Married	2-6- 100 3/
Temale While (Write the word)	
	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 19 1884	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1111 - I day brs.	The CAUSE OF DEATH * whe as follows:
47 yrs. 0 mos. 1 day hrs. or min.?	Hrankharbolle acid
8 OCCUPATION A. A	Allipida
(a) Trade, profession or	Name of the second seco
particular kind of work	
(b) General nature of industry usiness, or establishment in	
which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE / / 0 1	Contributory
(State or country)	Secondary
1 10 NAME OF	(Duration) ys. mos. ds.
FATHER T	(Signed) Tom LIVE Willey Colleg Good Uf D.
Jerun	Het le trost with Hagerstown and
IN 11 BIRTHPLACE OF FATHER  THE STATE OF THE	ACLA AL DI CONTROL DE LA CONTR
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)  12 MAIDEN NAME  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER TON 70.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER STORE TO	At place In the State, yrs. mos. ds.
(State or Country) Mile 101 .	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Former or usual residence
(Informant) Glorge Knyy	
William Charles of Pilos	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) May roung July	tunkolown 2ml 9, 19.01
15 9-9 31 64 HB3 10-6	20 UNDERTAKER) ADDRESS
Filed 1921 Okol Registrar	1 7 Kanhah 7 17
	1. 1. Manne Junkstorik
If more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, ployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Plunter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a (a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons Laborer-Coal minc, etc. Womwho have no occupation (b) Grocery (110.0)

Statement of Cause of Death—Name, first, the hise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed to in for the same disease. Examples: ('erebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup": Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e g., sepsis, Examples: A ceidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be (hronic valvular heart disease; etc. The contributory death

answeted in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9 BIRTHPLACE

PARENTS

(State or country) 10 NAME OF

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE

> OF MOTHER (State or Country)

FATHER 11 BIRTHPLACE

PLACE	OF	DEATH

County Washington

(1224) STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Avenue

Registration Dist. No. 302)

number.)

(If death occurred in a hospital or institu-

tion, give Its NAME in-stead of street and

DATE OF BURIAL

Feb. 13

ADDRESS Hagerstown, Md.

2F1	ULL NAME	William Jacobs
PERSO	NAL AND STATIST	ICAL PARTICULARS
3 SEX	4 COLOR OR RACE	BSINGLE. Married
Male	White	WIDOWED, OR DIVORCED (Write the word)
6 DATE OF B	IRTH	
		O, 1855 (Day) (Year)
7 AGE	75 yrs. 8	If LESS the I dayhr mos. 1 ds. or min

Md.

Pa.

Eliza Autland

Elias

6 DATE OF DEATH Februa:	ry 11, , 1931	
(Mon	th)(Day) (Year)	
I HEREBY CERTIFY, TH	sat y attended the deceased from	nn
hat I last saw halive on		
nd that death occurred on the dat	te stated abova, at 9:40 An	n,
ha CAUSE OF DEATH * was as fo		
Tengal Ortens Sch	ali + Valouliti	
erchie myoce	deli + Valbuliti;	
(Duration	on) Indekimos d	
Contributory		_
Signed), Bollurati	ende M. I	D
tel 11, 1931 (Address) I	fages touch My	
*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.	Dooth or in douths from	
B LENGTH OF RESIDENCE (For ients or Recent Rasidents)	Hospitals, Institutions, Tran	
t place	In the Stateyrsmosd	la,

Pa.

Jacobs

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Lucilla Jacobs.

(Address) Hagerstown, Md.

If more branks are needed, address State Registrer, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Where was disease contracted, if not at place of death?

Fred W. Kraiss,

19 PLACE OF BURIAL OR REMOVAL

Beaver Creek Cemeterv

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ." etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, 6

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and a'l questions "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi etc. The contributory Measles ;

properly classified. stated EXACTL properly classif back nstructions MARGIN RESERVED important should d state CAUSI CIANS should statement of OC

3 SEX

7 AGE

PARENTS

Male

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work (b) General nature of industry

(State or country)

OF FATHER

OF MOTHER

OF MOTHER

(Informant)

(State or country)

10 NAME OF FATHER 11 BIRTHPLACE

business, or establishment in which employed or (employer)

#### PLACE OF DEATH

County Washington

#### 12246 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302,

Village or City Hagerstown (No. Washington County Hospital 2 Ward)

Unknown

(Year) If LESS than

I day hrs.

(if death occurred in a hospital or institu-tion, give its NAME instead of street and

DATE OF BURIAL

Feb. 12

Hagerstown, Md.

number.)

William Johnson <sup>2</sup>FULL NAME

> MARRIED, WIDOWED.

OR DIVORCED (Write the word)

(Day)

Laborer

Unknown

18

PERSONAL AND STATISTICAL PARTICULARS

Unknown

(Month)

Unknown mos.

4 COLOR OR RACE

About 65 years

Colored

MEDICAL CERTIFICATE OF DEATH
February 11, , 19231.
(Nonth)(Day)(Year)
17 I HEREBY CERTIFY, That I attended the deceased from teb. Lo 193 . to Fef 1 . 1931
hat I last saw h 1) 77 alive on Feb 10 , 1931,
nd that death occurred on the date stated above, at 10:00Am.
he CAUSE OF DEATH * was at follows:
Chronic Myorasdello
Chronie Myorardetto
Uplacion) yrs. mos. ds.
Contributory Secondary
(Duration) visds.
(Duration) yes mos do. Signed) Wolest Coural M. D.
Fel 1 1931 (Address) & Lagues tour, md
*State the Disease Causing Death, or, in deaths from Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
t place In the Stateyrsmosds.
Where was disease contracted, ukuww not at place of death?
ormer or sual residence

12 MAIDEN NAME 13 BIRTHPLACE Ħ. (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Hospital 19 PLACE OF BURIAL OR REMOVAL County Home Cemetery Hagerstown, Md Fred W. Kraiss,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on (b) Grocery;

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American Medical Association.) approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cougn; chronic Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

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MAR 4 1

EXACTLY, F CTI pino that Ü SERV plai 2 ATH MARGIN D W TO Should E OF atlon inform item of i

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) stated EXACT properly class of certificate. number.) 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH BSINGLE 3 SEY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) That I attended the deceased 6 DATE OF BIRTH Instruction (Day) (Year) (Month) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? mos. OCCUPATION See (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) .... mporta which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 11 BIRTHPLACE Disease Causing Death, or, in deaths from OF FATHER AUS EZ Violent Causes, state (1) Means of Injury Accidental, Sylvidal or Homicidal. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE In the At place of death.... OF MOTHER ...yrs.......ds. (State or Country) Where was disease contracted, Every item of CIANS should statement of C if not at place of death?... 14 THE ABOVE IS THUR TO THE BEST OF MY KNOWLEDGE Former or usual residence BURIAL OR REMOVAL DATE OF BURIA If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MAR 6

Exact

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	(11)
· 10 Med	Registration Dist. No. 3/6
Village or City Karolys ville (No.	St.: Ward) (If death occurred in a hospital or institu-
M- /	tion, give Its NAME is -
2FULL NAME Jonas 1 Low	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH
WIDOWED	<u> </u>
Male White OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
/b 3 1847	1927 to 1 2 2 192 7
(Month) (Day) (Year)	that I last saw hull alive on 2 - 2 2 , 192 (
7 AGE III LESS than	and that death occurred on the date stated above, at 1030 Pm.
02 11 10   dayhrs.	The CAUSE OF DEATH * West no follows:
70 yrs. 4 mos. 7 ds. or min.?	Claute ardiae
B OCCUPATION DI I O	Setilelion
(a) Trade, profession or Black Smith	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre mps de.
9 BIRTHPLACE	Contributory Weller Scherice
(State or country)	Secondary
I 10 NAME OF AC. AA.	Duration yrs Jnos ds.
FATHER MILIAM LONGS.	(Signed) M. D.
11 BIRTHPLACE	1931 (Address Reedly Ser Cl
OF FATHER MAI	*State the I is ase Causing Death, or, in doubt them Violent Causes, state (1) Means of Injury and (2) Whether
(State or country)  12 MAIDEN NAME (14)	Accidental, Suicidal or Homicidal.
of MOTHER JAMES BRACKLY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) me Hazul Tords	usual residence
	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Kurdys ville, Mol.	Boons boro mol 2=25, 1931
15 - 10/15 1031 Pu 100 hat	20 UNDERTAKER ADDRESS
Filed 2 / 25 19231 Musself Delling	L' D Junay & LD Kurches velle
If more banks are needed, addre a tate Kegistrai	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed g gcd in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) Groeery; man, (b) Automobile fuctory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, As examples: (a)

Statement of Cause of Death—Name, first, the DIS EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus, VILLES"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY (Recommendations on "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; statement of eause of Example: Measles (disease etc. The contributory Measles;

If this certificate is tooked over thoroughly and all qu stions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Informant)

(Address)

١		
	PLACE OF DEATH	0
	County Washington	82-
	lage or City Boulono(No.	
31		
	2 FULL NAME To Jartha Ellen	•••••
	PERSONAL AND STATISTICAL PARTICULARS	
1	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED.	16
1	emale white (Write the word)	
-	DATE OF BIRTH	17
	January - 10 - , 1854	
	(Mar) (Day) (Year)	th
*	If LESS than I dayhrs.	an Th
_	77 yrs. 0 mos. ds. or min.?	
(	a) Trade, profession or	•
(	harticular kind of work Tuseeungh	
4	usiness, or establishment in which employed or (employer)	
	SIRTHPLACE (State or country)	
_	10 NAME OF aryland	
	FATHER EDING FALL	(Si
0	11 BIRTHPLACE OF FATHER	\$
7	(State or country) Waryland	
2	of MOTHER Mary Droyell	18
	13 BIRTHPLACE OF MOTHER	At
	(State or Country)	of

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. . 30.5 (If death occurred in a hospital or institu-tion, give its NAME in-steed of strest and number-) Ward)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Fullery J-t , 1931
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from 1920. to 1930.
march 20" 1920 to 193, that I last saw h Walive on Fab. V" 195
and that death occurred on the date stated above, at 80,
The CAUSE OF DEATH * was as follows:
Cercleral Hungorhage
Contributory Urlevis Relevais.
Secondary
(Signed) Jew level make M. Jule 7" 1931 (Address) Brawslevs ms
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs de. In the State yrs mos de.
Where was disease contracted, if not at place of death?

Former or usual residence

ADDRESS

If more brenks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (relief 6 yrs). For persons who have no occupation to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### supplied. ACE should be stated EXACTEY, PHYSI-In terms so that it may be properly classified. Exact See instructions on back of certificate. CORD MARGIN RESERVED FOR WITH UNFADING INK--THIS IS Every Item of Information should be carefully s CIANS should state CAUSE OF DEATH In plain statement of OCCUPATION is very important. So WRITE PL.

V. S. No. 1

#### PLACE OF DEATH

Washington County.

#### 02250

#### STATE OF MARYLAND CERTIFICATE OF DEATH

2.5		3		
-25	e,	a	ĸ.	
# 6	M.	¥	7	

Hagerstown, Md.

				Registra	tion Dist. No.
Vi			n, (No. Washington	County Hospisel 3v	Vard)  (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
	Male	White	b single.  MARRIED, Married  WIDOWED.  OR DIVORCED  (Write the word)		ary 20, , 192 31 (Pear) (Year)
6	DATE OF BIRT		1 , 1 901 (Dey) (Yeer)	17 J HEREBY CERTIFY, That	I attended the deceased from
8	occupation (a) Trade, prof		lf LESS than I day hrs. mos. 29 ds. or min.?	and that death occurred on the dete as The CAUSE OF DEATH * was as follow the Cause of the Cause	
0	particular kind b) General nat businesa, or est which employed	of work Boure of industry ablishment in d or (employer)	okkeeper	Contributory Secondary	
	10 NAME OF FATHER		efauver	(Signed) Cemp Co	yrs mos de.
RENTS	11 BIRTHPLA OF FATHE (State or e	R Mo	1.	*State the Disease Causing L Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
PAR	12 MAIDEN N	R Mayy Pos	ffenberger	18 LENGTH OF RESIDENCE (For I	
	13 BIRTHPLA OF MOTHE (State or C	R MC	d.	ients or Recent Residents) At place of deathyrsmos	In the Statemosds.
14			OF MY KNOWLEDGE	if not at place of death?  Former or usual residence. Lo.3.3. P. A	agerstown !
		Mrs. Mary  Hagerst	own, Md.	Boonsboro, Md.	Feb. 22 31
15	. 7	2 - 51 /	Le Harrere	20 UNDERTAKER	ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

W. Kraiss,

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmar or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer-Coal minc, etc. Wom-6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosq inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart Laure," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report meré symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremun, (b) Automobile factory. The material business, that fact may be indicated thus; Farter (testate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer." "Foreman," "Manager." "Dealworked on inay form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation person, irrespective of

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same disc. se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Dishtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

B. Warren Miller

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentdanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. American Medical Association. as fracture of skull, and consequences (c. State cause for which surgical operation was under-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart etc. The contributory Always qualify all disease; not be

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BUREA

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. EY, WITH UNFADING INK--THIS IS A PERMANENT WRITE PL

V. S. No. 1

PLACE OF DEATH County County	02252 STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF 429 0	Registration Dist. No.302
Village or City Hagestown No. Sur 2FULL NAME Ewellyn Lee	Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7. 19.31  7. (Month) 17. (Day) 31. (Year)
6 DATE OF BIRTH    13	17 HEREBY CERTIFY, That I attended the deceased from 192 1 to 17 , 192 3 that I last saw h Walive on 192 1 , 192 3
7 AGE  O yrs.   mos. 5 ds. or min.?	7
8 OCCUPATION (a) Trade, profession or particular kind of work	Capulant Trouclins
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Duretion) yrs mos de
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE  (State or country)  Manyland  Lee	(Sisaed) (Duration) yrs. mos ds.  (Sisaed) (Address) (Ad
C (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of deathyrsmosds.  Where was disease contracted,
(Informant) Many Lee	if not at place of desth?
(Address) Sussimmers are Hagues	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2-18-, 1931
Filed 2-18- 1929/ Closs However Registrar	Souther June of Parler Southern
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the (a) Foreman, Spinner, (b) Collon mill; (a) Salesman, (b) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewije, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The insterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

earbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Measles ;

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Every item or CIANS should item

V. S. No. 1

	PLACE OF DEATH County Washington	02253 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 30 2
	Village or City Femilsotown (No.	St.: Ward) (If death occurred in a hospital or institu-
Iricate	2FULL NAME Elija anne	Lowwar tion, give its NAME Instead of street and number.)
Ceu	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sebruary 20, 1981  (Month) (Day) (Year)
uo suo	Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from Jugust 1, 130. to Jebruary 20, 193/, that Vast saw hf alive on Jebruary 19, 1923/,
nstruction	7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
ant. See I	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Dialetes Mellitus (Durstion) / y10 mos do.
Import	9 BIRTHPLACE (State or country)	Contributory Deselval apapleary  (Durstion) Syrs Shoe 24 de,
s very	10 NAME OF FATHER TUllian Collians	(Signed) A Dell M. D. T. L. 20, 1921 (Address) Dagerston MA
	OF FATHER (State or country)  12 MAIDEN NAME  17 MAIDEN NAME	*State the Disease Causing Path, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	of Mother Clipas Russial	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Terry Co. Lours	Former or usual residence
Helli	(Address) 7 Jukston Mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  TIMBStonn Cometan Tel 22, 1931
310	15 Filed 2-20 1931 lekosff Bowers Registrar	20 UNDERTAKER ADDRESS  Dry & Bast VSon Boons boo

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by (Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all Whooping cough; Examples: Accidental drowning; Struck by railway train-Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI- Exact		PLACE OF DEATH County Washington	(9
ACTLY,	Vil	llage or City Logerstown R TNo.4	
rly cla		2 FULL NAME Daniel W Mart	بَ
stated properl of certif		PERSONAL AND STATISTICAL PARTICULARS	
be ck	3 !	male white Single.  MARRIED,  WIDOWED,  ON O	16
should it may s on ba	6	DATE OF BIRTH	17
ACE sh that it tions o		March 7, 1872 (Month) (Day) (Yesr)	tha
900	7 /	AGE  If LESS than I day hrs.  5 8 yrs. 10 mos. 25 ds. or min.	and
ully supplied plain terms int. See instr	P	occupation (a) Trade, profession or Jamus particular kind of work (b) General nature of industry	
ta in		business, or establishment in Returned which employed or (employer)	
be car EATH Impor	9 1	BIRTHPLACE (State or country)	******
CAUSE OF D	RENTS	10 NAME OF FATHER Whaham Martin  11 BIRTHPLACE OF FATHER (State or country)  Pa	(Sig
formati	PARE	12 MAIDEN NAME OF MOTHER Barbua Wenger 13 BIRTHPLACE	18 l
f In		OF MOTHER (State or Country)	At j
s shoul	14	(Informant) Hu. Jacob. S. Martin	Formusus
Every i	-	(Address) Hagustown Md R& 4	11

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

	1/		
St.:		Wa	rd)
		** **	2 40 /

MEDICAL CERTIFICATE OF DEATH

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	Zih.	2	, 19 <b>3</b> )
4	(Month)	(Day)	(Year)
	RTIFY, That I at	•	
1-28	1924 . to 2	- 1 -	192/
that I last saw h win al	ive on /-	3/-	, 1923/,
and that death occurred	on the date state	d above, at	7.30 Pm
The CAUSE OF DEATH *			
Caronary	, Teelusi	٠	**************
***************************************		ohaaaaaaaaa	······································
	/D		
	(Durstion)	yra	moede.
Contributory	•••••••••••	***************	
	(Ducation)		mosds.
(Signed)	V Diti		
2-2 13/ (4	11 1/- 2	uslow	mil
	Address /		deaths from
*State the Diseas Violent Causes, state Accidental, Suicidal or H	(1) Means of l	njury and	(2) Whether
18 LENGTH OF RESIDE		itals, Instit	tutions, Trans-
ients or Recent Reside At place	nts) In th		
of deathyrsmos	ds. St	ateyrs	mosds.
Where was disease contracted if not at place of death?		• • • • • • • • • • • • • • • • • • • •	000000000000000000000000000000000000000
Former or usual residence			
19 PLACE OF BURIAL OF	REMOVAL	DATE	OF BURIAL
Rife Mine	note Chin	ADDRES	5 , 193/
		VUNKES	3

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registrar

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal final meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia, " "Weakness," etc., when a definite discase "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," - "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

County W	OF DEATH			<b>93-</b> ©	Registration	E OF DEATH Diet. No. 302
Village or City	Hagerstown	(No.Was)		County Hoep	itest. 3 Ward	d) (If death occurred in a hospital or institution, give its NAME in atead of street and number.)
PERSON	AL AND STATIST	ICAL PARTICU	LARS	MEDIC	AL CERTIFICATE	OF DEATH
Female	4 color or race White	MARRIED, WIDOWED. OR DIVORCED (Write the word)			Feby 17	, 1923
6 DATE OF BIR	гн Unkno (Month		., 1 <u>880</u>	Jeh 14	Y CERTIFY, That I a	ttended the deceased from
7 AGE	50 yrs.	mosds.	If LESS than I day hrs. or min.?		rred on the date atate TH * was as follows:	ed above, at 11:05Pm
(b) General na business, or es which employed	ture of industry			Contributory Secondary	Myscarl Durstion)	dites
(State or cou				(Signed)	(Durstion)	other M. D
OF FATH	ER V	a.			(Address) Disease Causing Death tate (1) Means of	n, or, in deaths from injury and (2) Whether
12 MAIDEN V OF MOTH	110 6	nown		18 LENGTH OF RE	SIDENCE (For Hosp	oitals, Institutions, Trans
13 BIRTHPL OF MOTH (State or	ER	Va.		At place of deathyrs	mos. I de In the	ateyremosda
	Mrs. Red			Where was disease con if not at place of des Former or usual residence.	lurel St	notown 4
	Hagerst			Rose Hill		Peby 21 19 3
, and a second s	21- 1923/1	NO 11	//	20 UNDERTAKER	aiss, Hager	ADDRESS

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (neor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIALEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples \*\*Cerebrosphate fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

4

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal seplicaemia," "Puerperal perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure, Liaculvinger, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic or intercurrent) affection need not be etc. The contributory valvular heart Nomenelature disease;

No.

Ragistra

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No.	
Ward)	a hospital	occurred in cr institu- ts NAME in- street and

	ME	DICAL CER	TIFICATE	OF DEATH	4
16 DATE	OF DEA	Febr	(Moot)	2 24 —(Day)	193/
17 90	w.	29 193	Y, That I a	Free 3	deceased from
and tha	t death o	ccured on th	e days state	d abovs, at	n
	Stre	ngu Z	leted	Umb	lies
	ributory ondary			à Hep	
Dec				17 - 1	
	el2	36h	(Duration)	2/ t	the the

Where was disease contracted, if not at place of death?.....

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, er," etc., worked on may form part of the sécond statement. Never return 'Laborer,'" 'Foreman," 'Manager," 'Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, engineer, Stationary fireman, etc. But in many or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the (b) Automobile For persons who have no occupation (a) the kind of work and also (b) the Laborer-Coul mine, etc. Wom-Salesman. factory. person, irrespective of Locomotive engineer, The material (6) Grocery;

Statement of Cause Statement of Cause Statement of Cause Statement of Cause EASE CAUSING DEATH (the primary to time and causation), using always the same to time and causation), using always the same defended fever (the same disease. Examples: Cerebros pival defended (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Branchold fever (never report "Typhoid Pneumonia."); spinal meningitis"); spinal meningitis ("Pneumonia"); spinal meningi

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need approved by Committee on (Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping cough; American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (secondary), interstitial nephritis, resulting from childbirth or miscarriage " "Marasmus, " "Old Age, " "Shock," for malignant neoplasms); Measles; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory Nomenclature Always qualify all not be as

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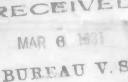
(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. state occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Furmer or Plunter, tiou applies to each and every persou, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons eu-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation If the occupation has been changed -Coal minc, etc. Wom-But in many The material

Exacement of Cause of Death—Name, first, the passes causing death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"): Lobur pneumonia, Bronchopneumonia ("Pneumenia.")

"PURRIERAL septicaemia." "PURRPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignaut neoplasms); Measics; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. State cause can be ascertained as the cause. Always qualify all "Uraciuia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlon," "Heart failure." "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. The contributory Whooping cough; of "contributory." -uccident; Revolver wound of head-homicide; . (name origin; "Caucer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Souile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Anaemia" (second-(merely

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B.-- Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-LY, WITH UNFADING INK--THIS IS A PERMANENT CORD WRITE PL

V. S. No. 1

	OTATE OF MARKET
County Washington	93-C CERTIFICATE OF DEATH
STREET GURPORATE LIMITS OF	Registration Dist. No. 352
Village or City (100) (No.) 6 Duran	T. III iddly 17 augy (If deeth occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from the loc 9 1951, to 26 1 20 195
(Month) (Day) (Year)	thet I last saw her elive on Joli. 26 , 1993
7 AGE   If LESS that   I day hrs   I day hrs   ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) 3 vrs mos
which employed or (employer)  • BIRTHPLACE (State or country)	Contributory Redema & lungs
10 NAME OF	(Durstion)wismos
11 BIRTHPLACE	(Signed) Vien Paller M. - Jela 27 1951 (Address) Hoperton, Mid
OF FATHER  (State or country)	(Signod) Vieny Pallier M.
II BIRTHPLACE OF FATHER (State or country)  I 2 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed).  Yelv 2 1981 (Address) Horoward M.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER  I3 BIRTHPLACE OF MOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailing for the state of death yrs. mos. ds.
II BIRTHPLACE OF FATHER (State or country)  W M M M M M M M M M M M M M M M M M M	(Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tralents or Recent Residents)  At place of death
II BIRTHPLACE OF FATHER (State or country)  I2 MAIDEN NAME OF MOTHER  OF MOTHER (State or Country)  I3 BIRTHPLACE OF MOTHER (State or Country)	(Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tralents or Recent Residents)  At place of death
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	(Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tralents or Recent Residents)  At place of death yrs
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	(Signed).  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tralents or Recent Residents)  At place of death

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material · (b) Grocery,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all ..... (name origin; "Cancer" is loss definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi or intercurrent) affection need not be ess important. Example: Measles (disease contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## PLACE OF DEATH

## STATE OF MARYLAND

County Washington	CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City <u>Hagerstown</u> (No. 22 Vale S	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 6, 1921 (Month) (Day) (Year)
Sept. (Month) (Day), 1 880. (Year)	that I)lest saw h 2 alive on Jeb 5 , 1931
51 yrs. 5 mos. ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	and that death occurred on the date etated above, at 11:50 m.  The CAUSE OF DEATH * was as follows:  Puration yrs mos 15 ds.
9 BIRTHPLACE (State or country) Md.  10 NAME OF FATHER William Studebaker	Contributory Secondary  (Duration)  (Signed)  (Address)  (Address)
OF FATHER Md.  (State or country)  12 MAIDEN NAME  (The state of country)	*State the Discase Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Dixon  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of deethyrsmosds.  Where was disease contracted, if not et plece of deeth?
(Informant) Mrs. Mary E. Iinhart,  (Address) Hagerstown, Md.  Filed Z & 193/6/Last Bowers  Registrar	Dixon, Md.  20 UNDERTAKER  Fred W. Kraiss, Hagerstown, Md.

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V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> cletanus) may be stated under the head of "contributory." American Medical Association.) stated unless important. Example: Measles (disease (Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(outside city limits Registration Dist. No (If death occurred in a hospit d or instituty class tion, give its NAME i. stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. (Month) I HEREBY CERTIFY, That Lattended the deceased from (Month) 7 AGE If LESS than and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH \* was as follows: (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory A 9 BIRTHPLACE (State or country) DO (Duration) 10 NAME OF OG FNA \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 20 (State or country) Accidental, Suicidal or Homicidal. Œ 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State yrs mos ds. of death yrs mos ds. (State or country) Ö Where was disease contracted, Q if not at place of death? Every item CIANS sho statement usual residence DATE OF BURIA If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. J.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthlaborer, Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. But in many Physician, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. Luborer-Coul mine, etc. Wom-Compositor, For persons who have no occupation Architect, Locomotive engineer, (b)

spinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation, using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dispneumonia, Bronchopneumonia ("Pneumonia,

> If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid - probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences e.g., sepsis, accident; Revolver wound of head-homicide; State eause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. valvular heart The Always quality all contributory Postoned by disease;

V. S. No. 1

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PLACE OF DEATH	02261 STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 302
Village or City Hagustons, (No.	St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME Charles Franklin,	Mullin stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Whit Single, Married, Widowed. Or Divorced (Write the word)	16 DATE OF DEATH 2 25 , 1923
6 DATE OF BIRTH    10	17 I HEREBY CERTIFY, That i attended the deceased from 2 1937. to 2 2 1937. that I last saw h // salve on 2 1 2 4 1937.
7 AGE  yrs. 3 mos. 15 ds. or min.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Acrte Preto eyotio
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Teady Year (1710N 3+ Secondary (Duration) yrs 3 mos ds.
10 NAME OF Clarence Mullin	(Signed) M. D.
(State or country) Maufland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Estella Bowlers.	18 LENGTH OF RESIDENCE (For Hospitals, institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mayland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Placence Mulling	Former or usual residence
(Address) Clear Spring Md	Luthern Cemetry Feb. 26 1931
Filed 2-26 192/ Chouff Bruss	FILENT raiss Hayliture
if more blanks are needed, addresa State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1/

(Approved by U. S. Census and American Public Health Association.)

lired 6 yrs). For persons who have no occupation sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, evc. womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-." etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DtsBASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul
fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature "Uraemia," "Weakness," etc., when a definite disease ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory

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1PLACE OF DEATH	02202 STATE OF MARYLAND
County Washing tru	CERTIFICATE OF DEATH
County	Registration Dist. No. 303
Villago ar City Roel Chalano.	St.: Ward) (If death occurred i
2FULL NAME Charles m	tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male . White BSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 /3/1 (2-30 A) 193 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan, 1120, 1929	Leb 5 122 ( to tet v /2 , 122)
(Month) (Day) (Year)	that I last saw hamalive on T. Chr. 1987
7 AGE    If LESS than    I day	The CAUSE OF DEATH * was as follows.
yrs. mos. ds. or min.?	an alial Praimonia
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF. MOTHER OF. MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)  14 MAIDEN NAME OF. MOTHER (State or Country)  (State or Country)	Contributory Secondary  (Duration)  (Signed)  *State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran lents or Recent Residents)  At place of death yrs mos ds State yrs mos d
(Informant) Server Serv	Where was disease contracted, it not at place of deah?  Former or usual residence

If more b.anks are needed, addre.a Ltate Kegistrar, 16 W. Saratoga St., Balto., Regulesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., no....laborer, laborer, labo work, should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screaut Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re ployed. as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Laborer-Coul mine, etc. Wom-As examples: (a)

Statement of Cause of Death—Name, first, the DISEAL, COUNTING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia "("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of approved by Committee on Nomenclature (ctunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E::haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJULY Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart disease, affection need etc. The contributory not be

If this certificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

1931

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WITH UNFADING INK--THIS IS A PERMANENT UN MARGIN RESERVED FOR BIN WRITE PL

1.8.No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Cashasa for Cas	CERTIFICATE OF DEATH
WITHIN CONFERENCE LIMITS OF	Registration Dist. No. 302
Village or City Jagers Jawuno 14	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FUEL NAME A CALL	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternal White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1922 to 74 6 2 6 1923 /,  that I last saw h for alive on F 46 2 6 1923 /
7 AGE III LESS than	nio a 1)
7/1 // 8   dayhrs.	The CAUSE OF DEATH * was as follows:
	Carcinonea 9 Weres
8 OCCUPATION (a) Trade, profession or Africal Nyck.	Diebilis Mobilitus
(b) General nature of industry	**************************************
business, or establishment in which employed or (employer)	yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Lavid Stottler	(Signed) . Los D'uilles M. D.
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cha Speaker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) A fust & Meitert	Former or usual residence
(Address) Is appropriate with	Pase full anet Masch, 19.31
Filed 2-27-131 Chall Bower	Fred Krais Atterstown
If more blanks are needed, address State Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the Disease Gausing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilondia," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

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V. S. No. 1

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CIANS Should State CAUSE OF DEALM IN plain terms so that it may be properly classified. Exa	statement of OCCUPATION is very important. See instructions on back of certificate.	

PLACE OF DEATH County Meshinetan	02264 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 305
Village or City Doubless (No	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Phite Single, MARRIED, Midowell OR Divorced (Write the word)	16 DATE OF DEATH / 193/. (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	The July 1981, to July 1981, that I last saw h malive on Fule 15" 1981,
7 AGE    If LESS than   I day hrs.   da.   or min.?	
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  W  (State or country)  (State or country)	(Signed) (Si
12 MAIDEN NAME OF MOTHER Warsh Richard.  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted.
(Informant) & Hawah Newcomer	Former or usual residence
(Address) Bosusleon, mil	Joseph Mansoleum Feb. 18, 1931
15 Filed Feb. 17 1981 Williams. Bast	mm J. Bast Van Bonolon me
if more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

% W.

(Approved by U.-S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Sement, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no decupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroshinal fever (the only definite synonym is "Epidemic verebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

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act act	PLACE OF DEATH	STATE OF MARYLAND
M X X	County Washington	CERTIFICATE OF DEATH
- o	WITHIR CORPORATE LIMITS OF	Registration Dist. No. 302
CORD EXACTLY y classifie	Village or City Lagerstown (No. 844 S. P.	Stomac. St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME in
EXA ity cla	2FULL NAME \\\ a be\ Lou c\\a	aread of strest and number.)
T COR tated EXAC roperly clar	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NEN Bes bes	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SINGLE, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fully 23, 1933] (Month) (Day) (Year)
A PERMO	6 DATE OF BIRTH  (Month) (Day) (Yesr)	that I last saw h Malive on Ful 22 192/
D FO IIS IS led. A ns so t	7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, atm
KK	a OCCUPATION  (a) Trade, profession or particular kind of work	Juantier -
RESE NG IN refully in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. de
F M A	9 BIRTHPLACE (State or country)	Contributory Fruence Secondary
R Z PO Z	10 NAME OF	(Signed) Mally (Clyman M. D
	FATHER Albert Parks.	12/3 193/ (Address) Hagerstown My
, WITH atton sho	11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- O	of MOTHER Hayrist Long	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
I Inform	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, de State yrs mos de Where was disease contracted,
The 0 = 1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or, X44 S. Pot omac St.
WRITE y Item NS sho	(Informant) HI Devi Tarks	usual residence. 1 T. T. T. D. T. D.
WR. Every It CIANS statement	(Address) Hagerstown, Md	Hagovstown Ital Februs, 31,31
BEv	Filed Z-23-193/ Charles Registrar	THE CONYMAN Hogerstown
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Drhayma	in, ·	

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(Approved by U. S. Census and American Public Health Association.)

er," etc., warner, laborer, laborer, are fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery,

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2FULL NAME TOURS P	arson.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFI
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Monu	16 DATE OF DEATH
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7 AGE [IFLE	SS than and that death occurred on the da
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8 OCCUPATION (a) Trade, profession or $\mathcal{L}$	***************************************
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(b) General nature of industry	
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business, or establishment in which employed or (employer)	***************************************
which employed or (employer)	Contributory Secondary
9 BIRTHPLACE (State or country) West Virginia	Contributory Secondary
which employed or (employer)	Contributory Secondary
9 BIRTHPLACE (State or country) 10 NAME OF FATHER LANK HOWEN	Contributory Secondary  All All Qura
9 BIRTHPLACE (State or country) 10 NAME OF FATHER LANK MUMAS 11 BIRTHPLACE	Contributory Secondary  (Signed)  *State the Hisease Causing
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  West Virginia  10 NAME OF FATHER  (State or country)  West Va	Contributory Secondary  (Signed)  *State the Hisease Causing
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Description of the property of	Contributory Secondary  Ourse  (Signed)  *State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (Forents or Recent Residents)  At place of death
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Description of the property of	(Signed)
Which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address) 2/9 Sutter and	(Signed).  *State the Disease Causing Violent Causes, state (1) Mear Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (Foients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURISH OR REMOVED
Description of the property of	Contributory Secondary  Ourat  (Signed)  *State the Disease Causing Violent Causes, state (1) Mear Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (Forients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIML OR REMOVED

STATE OF MARYLAND TE OF DEATH (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) TE OF DEATH deaths from (2) Whether eath, or, in and lospitals, Institutions, Transn the

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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V. S. No. 1

County / askington  William on the agent own in hicken	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 32 yr and (If death accurred in
2FULL NAME Carson Edit	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED.  MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fe 6. 5 , 193/
6 DATE OF BIRTH  70 2 4, 1929  (Month) (Day) (Yest)	17 I HEREBY CERTIFY, That I attended the deceased from Fe 6. 2. 1931. to Fe 6. 5. 1931.  that I last saw h / M alive on Fe 6. 5. 1931.
7 AGE   If LESS than I day hrs.   O ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or	URaeinia.
particular kind of work	Conxylainis
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory (Purstine) (P)
10 NAME OF FATHER Roy Patterson	(Signed) J. (Address) J. J. J. L. L. L. J.
OF FATHER  (State or country)  12 MAIDEN NAME  A  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Currice Woolell  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Serve	At place of death yrs mos ands. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or your farmers for the first former or usual residence
(Address)	Jametholouglinetay 1-68, 1931
Filed 2-5-1021 Charff Bowers	Fred W. Wineman Jametton
If more bianks are needed, address State Registra	r, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, er," etc., without more precise specification as Day nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on O. yrs). Farm laborer, Laborer-At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

papproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, 10 ds. American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY " "Marasmus," "Old Age," "Shock, Chronic valvular heart disease etc. The "Haemorrhage, contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

4

## -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1228

1	. PLACE OF DEATH				
	County Washington Village or City Hagerstown	ELIMITE OF	No. 730 Spruce St, St, death occurred in a horpital or institution, give its NAME instead of street and number	Ward	
	Langth of rasidanca in city or town where death		. 18 ds. How long in U.S. if of foraign birth?yrsmos		
2	(a) Residence: No. 730 Spri		St., 2—Ward.  If nonresident give city or town and State		
	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH		
3. S	emale 4. COLOR OR RACE s.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WICOW	21. DATE OF DEATH  February 27, (Day) (193)	l. Year)	
5a.	If married, widowed, or divorced HUSBAND of Husband John (or) WIFE of	Deceased Ramsey	des 77 HEREBY CERTIFY That i attended decoas	ed from	
6. I	DATE OF BIRTH (month, day, and year)	y 9, 1861		th is said	
7. /	69 9	Days if LESS than 1 day,hrs. ormin.	to have occurred on the data steted above, et. 7:500m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	ofonset	
PATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ome work	Churui myo cardite.	B.1930	
20	Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation			
12. BIRTIIPLACE (city or town)			Other Coattybutery Causes of importance:	6.21	
ER	13. NAME Joseph Snyde	er		[42]	
FATH	14. BIRTHPLACE (city or town)  (State or country)		Name of operation Date of Was there an autops:	y?	
ER	15. MAIDEN NAME Elizabeth	n Ross	23. If daeth was due to extarnal causes (VIOLENCE) fill In elso the following:		
MOTHER	16. BIRTHPLACE (city or town)(State or country)	Md.	Accidant, suicide, or homicide?Date of injury, Whara did injury occur?	19	
	INFORMANT Ora L. Ramse (Address) Hagerstown,	ey, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, OR REMOVAL Placa Rose Hill Ceme	ery Mar. 21931	Mannar of injury		
19.	UNDERTAKER Fred W. Krais (Address) Hagerstown, 1		24. Was disease or injury in any way related to occupation of dacaased?		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Americal cause V. S.	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	PLACE OF DEATH
C	PLACE OF DEATH

02259 **W** V

## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 305
Village or City Int Leus (No	St.: Ward) (If death occurred in hospite) or institu-
2FULL NAME Eliza Museauri 1	Ceal tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Reuse 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH The leaves 1 11, 193 / (Month) (Day) (Year)
September 10", 1867	17 I HEREBY CERTIFY, That I attended the deceased from 193/ to Till 193/, that I lest saw h M alive on Jun 3/" 193/,
7 AGE  68 yrs. 4 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 10.300 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Jaure - wife)	Carcinoma of Lever.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos 25 ds.
9 BIRTHPLACE (State or country) manyland	Contributory Secondary  (Durstion) Ayrs mos ds
10 NAME OF James Francisco.	(Signed) & Iduleer male M.D. Brouslean ml
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER mille Lusder.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland.	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) mallishe Contralie	Former or usual residence
(Address) Boslesleon. Md.	Beaver Creek Cemelery Frele 4, 1921
Filed Feb. 3. 1901 (Dillians) Bast Registrar	mm F. Bast Vou Bourless mit

N. B.

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Neverreturn "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, Locomotive engineer, who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation Coal minc, etc. Grocery; Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropay, on," "Heart failure," "Haemorrhage, cough; Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

15 Filed

/	CORD	d EXACTLY,
BINMING	PERMANENT	should be state
ESERVED FOR BINPING	INK-THIS IS A PERMANENT CORD	uily supplied. ACE should be stated EXACTLY,

PHYSI-

- (	County W	ashington	die saltu
		BIN CORPORATE LIE	dits e.
/ill	age or City	Hagerstown	(No. 131 Ray S
	2FUI	L NAME	harles R. Keitin
	PERSON	IAL AND STATIST	TICAL PARTICULARS
	EX	4 COLOR OR RACE	MARRIED, Widowed
1	lale	White	OR DIVORCED (Write the word)
5 0	ATE OF BIR	тн	
		Nove	mber , 1865
		(Month	
^	GE	65 yrs. 3	If LESS tha I day hrs. ds. or min.
(k	o) General na usiness, or ea	ofession or d of work stature of industry stablishment in ed or (employer)	Laborer
. **	(State or cou	intry) Pa.	
-		F	
-	10 NAME O	Hiram Re	eitinger
В		Hiram Ro	eitinger
	FATHER 11 BIRTHPL OF FATH	Hiram Re	

Baltimore.

## STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 St.: 3 Ward) (if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	81+4
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH February	
	(Day) (Year)
that I last saw hulfalive on	thended the deceased from 1949
and that death occurred on the date state	ed above, at 3:30 P
Megarilis Child	il al
***************************************	) - M <sub>1</sub> V
(Durstion)	Zyrsd
Contributory	
Secondary	
(Signed) (Address) & Ol	ASION M. I
*State the Disease Causing Dead Violent Causes, state (1) Mesns of Accidental, Suicidal or Homicidal.	or, in deaths from injury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitais, Institutions, Tran
At place In the of deathyrsmosds.	ne ateyrsmosd
Where was disease contracted, if not at place of death?	
Former or usual residence	***************************************
Rose Hill Cemetery	Feb. 10 3
20 UNDERTAKER	ADDRESS
Fred W. Kraiss, Hage	rstown, Md.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer ( or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-(6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pucumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH Exact PHYSI properly classified. EXACTLY, wear ECORD of certificate be stated PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED 3 SEX 4 COLOR OR RACE | 5 ed on back should it may OR DIVORCED (Write the word) BINDING 6 DATE OF BIRTH See instructions that K ACE (Month) (Day) (Year) 80 7 AGE If LESS than FOR WITH UNFADING INK---THIS supplied day ..... hrs. terms 10 ..........yrs,.......mos,..... MARGIN RESERVED 8 OCCUPATION (a) Trade, profession or particular kind of work. should be carefully is very important. (b) General nature of industry business, or establishment in/ which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE d state CAUSE ENT OF FATHER mation (State or country) AR 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE OF MOTHER (State or country) of Every item o 14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE statement (Informant) ERTAKER If more blanks are needed, address Mate Registrar, 16 W. Saratoga St., Ballo., Requesting

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
Month) (Day), 1927
17 I HEREBY CERTIFY, That I attended the deceased from January 1927, to Heley 1927, that I last saw harmalive on the least of the 1927, and that death occurred on the date stated above, at 7
The CAUSE OF DEATH & was as follows:    Alore   Alore   Alore   Alore
Contributory Secondary
(Signed)
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
At place of death yrs. mos. da. State, yrs. mos. ds. Where was disease contracted, if not at place of death?
ASCPLACE OF BURIAL OR REMOVAL   DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Furmer (re-Housemaid, etc. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persous enwork, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The nunterial Statement of Occupation-Precise statement of oe For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed

Ease Causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerctrospinal fever (the only definite synonym is "Epidemic eeroluospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

couditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a defiuite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticu." "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia use of "Tumor" for mallgnant neoplasms); Measles; ingex, peritonaeum, ete., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee head of "contributory." Poisoned by carbolic acid-probably suicide. vulsions." Chronic interstitial nephritis, etc. The contributory ...... (name origlu; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Examples: State cause (secondary or intercurrent) Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-Chronic valvular heart discase; (Recommendations on stateaffection need not be "Апаешіа" "Coma," The na-(disease (second-(merely

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1931

UREA

V. S. No. 1

N. B.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 2
Village or City Hagerstown (No. 29 Broa. 2FULL NAME Levonge W. Re	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Maried, Widowed. OR DIVORCED Violance (Write the word)	16 DATE OF DEATH Jet 9 , 198/ (Month) (Day) 70 Y (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I lest saw has alive on Tele 7, 1921,
7 AGE  8 3 yrs. 0 mos. 2/ ds. or min.?	and that death occurred on the date stated above, at 2 . 45 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country) W. Va.	Contributory Secondary (Durstion)
10 NAME OF FATHER Schaffer Renteh  11 BIRTHPLACE OF FATHER (State or country) W. Va	(Signed) (Signed) (Address) (Address
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  W. Va	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos. ds.  Where was disease contracted,
(Informant) W. H. Newly  (Address) tagerstown Md  15 Filed 200- 1526 Korffsowers	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Tagestown Md Feb 11, 1931.  20 UN DERTAKER  ADDRESS
Registrar	SCOTT Munnich 1799. Md , 16 W. Saratoga St., Balto., Requesting V. S. No. 11 S. Q., Fathers

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; if Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, stated unless important. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death (secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Example: Measles (disease etc. The contributory affection need not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1848-1-18 1848-1-18

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	ample I CEIVE	ND I	Example II		
of importance were as follo	in and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	777	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	DED TENT	9 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BORBEO	July 5 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 02274
County Village or City Talk County Village or City (If	No. 7/4 M. Dullevy St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME 7 Of Lat Bull-Angles  (a) Residence: No. 714 M. Wull-Angles  (Usual place of above)	3. ds. How long In U.S. If of foralgn birth?  ———————————————————————————————————
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR-DIVORCED (write tha word)  ia. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Moonth). 23 (May) 193 (Year)
(or) WIFE of  5. DATE OF BIRTH (month, day, and yaars February 20, 1931	122. I HEREBY CERTIFY, That I attended decaesed from 1931, to 1945, 1931.  I last saw ham alive on 1942, 1951, 195
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at J. 20_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wars as follows:  Date of onsey
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last workad at  11. Total time (years)	Bongmilat Frent Lypase 2/20/2.
this occupation (month and spent in this occupation)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME Sevrye Staffey  14. BIRTHPLACE (city or town) Stata or country)	Name of operation
15. MAIDEN NAME Deatrice Multiary  16. BIRTHPLACE (city or town) Williams fort  (State ar country)	23. If death was dua to axtarnal causas (VIOLENCE) fill in also the following:  Accidant, suicida, or homicida?
17. INFORMANT LOT BY A GOLEGY (Address) 4 M Mac Address  18. BURIAL, CREMATION, UR REMOVAL  18. BURIAL, CREMATION, UR REM	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
Place Jasa Jall Coats Leby 41903/.	Nature of injury
19. UNDERTAKER SEA OUT OF A CONTROL OF A CON	24. Was disease or Injury In any way related to occupation of deceasad? 16 so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)

(Address) 170000

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MAR AExample I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitual nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Ses	PLACE OF DEATH	STATE OF MARYLAND
<u>ଜି</u>	County Washington	CERTIFICATE OF DEATH
pel	WITHIN CORPORATE LIMITO OF	Registration Dist. No. 30 2
ly classifi ficate.	Village or City Hageystown (No. 115 W. W.	Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
properly of certific	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y be prack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH 23 , 192
ma u p	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I Atended the deceased from
at It	Tav 30, 1857	
the state	(Month) (Day) (Year)	and that death occurred on the date stated above, at
struc	73 yrs. 10 mos. 21. ds. or min.?	The CAUSE OF DEATH * was as follows:
tern Sern	COCCURATION	" nepher tis.
Se	(a) Trade, profession or penticular kind of work	
a ta	(b) General nature of industry business, or establishment in	(Duration) yrs mos de.
H 0	which employed or (employer)	Contributory Secondary
EAT	(State or country) Thay y and	(Durstion)mosds.
ם 5	10 NAME OF FATHER	(Signed) Chim Duelle M. D.
is ve	11 BIRTHPLACE	2/24 19224 (Address) Megaster and
CAUS	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Susan Dender	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
state CCUP,	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds. State yrs mos ds.
PO	(State or Country) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Where was disease contracted, if not at place of death?
should ent of O	2 2 11	Former or usual residence W. Washington St.
SHO	(Informant) ) y Dogly SCN 10558 Y	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
CIANS	(Address) Hall and Market Market	Hagerstown, Md Feby 25, 131
0)	15 Filed 2-24 102/6 Kouff Brown	20 UNDERTAKER ADDRESS
Ist	V.	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
1		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The materia

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	022
	County Washington	93
	WITHIN COMPONATE LIMITS OF	()
Vil	lage or City Magustom (No. 138 6)	Lian
	2FULL NAME Mary B. Seis	
-	PERSONAL AND STATISTICAL PARTICULARS	
3 5	Lex 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVO/CED (Write the worldingle	16 DATE OF
8 1	DATE OF BIRTH	17 7
	(Month) (Day) (Year)	that I last a
7 A	If LESS than I day hrs. / ds. or min.?	and that de The CAUSE
) (l	a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)	
-	INSTANCE (State or country)	Contribu Second
RENTS	10 NAME OF FATHER Suram & Suram S. Sura	(Signed)* *State Violent
PARE	12 MAIDEN NAME OF MOTHER Mary Cheansel.	Accidental
	13 BIRTHPLACE OF MOTHER (State or Country)  Httl.	At place of death
14	(Informant) His Lave Sliss	if not at place Former or usual residence
	(Address) Nagustown MA	Shar
15	Filed 2-14- 1923/Chast Bours	20 UNDER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 Z

(if death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 71 21, 1981
(Month) (Day) (Year)
Tel 11 HEREBY CERTIFY, That I attended the deceased from Fel 11 13 d. to 756 21 103
that I last saw her alive on Feet. 21, 1923
and that death occurred on the date stated above, at 30 1 m. The CAUSE OF DEATH * was as follows:
Heniflegia
Contributory Prolimant Identity
(Signed) (Duration) yes mod de
7/23/95/(Address) Hoges down he
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds
Where was disease contracted, if not at place of death?
Former or usual residence
Sharfaling Md 24, 193
20 UNDERTAKER ADDRESS
Jack y VIII

If more bianks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. De Lagran

(Approved by U. S. Census and American Public Health Association.)

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1PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	S. Registration Dist. No. 306
the bear of	
Village or City Jue Misoure (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Layton Hair	Itan Amala stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH II
male with WIDOWED. Marriell OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended the deceased from
mar 28, 1866	1923 to The 1931,
(Month) (Day) (Year)	that I last saw h sassalive on fel 1981.
7 AGE [If LESS than I dayhrs.	
6 H yrs. / 0 mos. 2 / ds. or min.	A SE OF BEATT Was as follows:
OCCUPATION	Lotar Smumoria
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yts. mos ds.
which employed or (employer)	
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)
10 NAME OF	(Singed) MSRefacever M.D.
FATHER John C. Smith	Jul 19 1931 Address Smithsburg Ma
U OF FATHER	A +C+-Ca the Disease Causing Death or in deaths from
Z (State or country) Mary was	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  V OF MOTHER  V OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Maryland	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clice I Sound Someth	Former or usual residence
(Address) Ani Mishing my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  A TO THE PLACE OF BURIAL
15 9 4 12 31 /12 11/9	20 UNDERTAKER ADDRESS
Filed Total 1981 Land Registrar	Emony I rue Duithebury
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart ranue,
> "Old Age," "Shock," stited unless important Example: Measles (disease carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. :hopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, "Senile," etc.), "Dropsy," failure," "Haemorrhage, etc. valvular heart disease; The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

Registration Dist. No. 305

(If death occurred in a hospital or institution, give ite NAME in-

towr

, k \( \tau \)	number.)
MEDICAL CERTIFIC	ATE OF DEATH
1	), 19D
17 1 HEREBY CERTIFY, The	at I attended the deceased from
that I last saw hwalive on	
and that death occurred on the date The CAUSE OF DEATH * was as foll	ows:
Contributory Latin	n)wisds.
Secondary	
(Signed) Cult	mos mos de.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, In deaths from of Injury and (2) Whether
8 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State yrs mos ds.
Where was disease contracted, f not at place of death?	**************************************
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
OUNDERTAKER	ADDRESS

Dr Ditto

S. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DEEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphinal fever (the only definite synonym is "Epidemic ccrebrosphinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia, "Plantage of the only definite synonym is "Epidemic creborosphinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid pneumonia"); Lobar pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid Pneumonia"); Lobar pneumonia, "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid Pneumonia"); "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid pneumonia"); "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid pneumonia"); "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid pneumonia"); "Procession of the only definite synonym is "Epidemic creborosphinal fever (never report "Typhoid pneumonia"); "Procession of the only definite synonym is "Procession of the only definite synonym is "Procession of the only definite synonym is "Processi

American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING I UNFADING INK--THIS IS A PER NENT .Y, WITH UNFADING INK--THIS IS A PER. WRITE PL.

V. S. No. 1

	County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 362
- Company	Village or City May 10. 28 St.	Tadway St.: #Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2000	Yeurale White (Writing to down	(Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h of alive on John 18 1 1321,
-	7 AGE  7 Moa. If LESS than I day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work	-010 2 000
Control of the Contro	(b) General nature of industry business, or eatablishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)
	11 BIRTHPLACE OF FATHER OF FATHER	(Syrned) HD Nerwert Hog rulewn M. D.
	(State or country) Mary and  12 MAIDEN NAME Catherine Wellie  OF MOTHER Catherine Wellie	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or country) Mary land	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
	(Informant)	Former or usual residence
	(Address) 28 Groadway	Ziowile Glyand 2/2/. 193.
	Filed 1901 Whose Registral	Blushing Jores Hageratur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
- 11	at the branch are mediate, and the best megistration	your purity and purity statement to privile

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor. Foreman, For many occupations a single word or term on yrs). Farm laborer. Laborer—Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Architect, person, irrespective of Locomotive engineer,

Statement of Cause of Death—Name, first, the HISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same acceptted term for the same disease. Examples: Cerebrosphull
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup";
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Measles (disease "PUERPERAL septicacmia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic valvular heart Nomenclature Always qualify all Masles; discase; not be " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

REAT

V. S. No. 1

Exact

See instructions on back of certificate.

	1PLACE	OF DEAT	гн			
	County	Washi	ngton	4 4 4 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6	_	
	W171	NIN CORPOR	ATE LIMIT	16 01		
Vil	lage or Cit	y Hage	rstown	a (	No. Wa	shingto
	· 2FU	LL NAME.	Ja	acob	c. s	tatler
	PERSO	NAL AND	STATIST	ICAL I	PARTIC	ULARS
	Male	Whit		WID	RIED. OWED. DIVORCE e the word	arried
6 1	DATE OF BIE	RTH				
		J.	une 2		(Day)	, 1 889 (Yesr)
7 4	AGE	41 yrs.	7	mos	16 d	If LESS that I day hre
5 b	b) General rousiness, or exhich employ	ad of work nature of ind establishment red or (emplo	ustry in oyer)		utene	
		untry) Pa	•			
	10 NAME C		Stat	ler		
PARENTS	OF FATH (State o		Pa.			
PARE	12 MAIDEN		arah	Gold	smith	1
	13 BIRTHP OF MOTI (State of		Pa.			
14	THE ABOVE	IS TRUE TO	THE BEST	OF MY	KNOWL	.EDGE
	(Informant	Mrs	. Lou	cett	a Sta	tler
	(Add	ress) Cea				*************************************
15	7 _	e_wea	2/ 8	CIST	OWII,	mu.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

n	County Hospital Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH February 6 , 19\$1
	(Month) (Day) (Year)
	2-6-13/102-6-,102/,
	and that death occurred on the date stated above, at 3:30 Pen.
	The CAUSE OF DEATH * was as follows:
	fund certifitimonhage.
	(Mon transition)
	(Duration)yrsmosde.
	Contributory Secondary  (Duration) via mos de
	(Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
-	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmos. 2 der Stateyrsmosds.
•	Where was disease contracted, if not at place of death?
	usual residence
	Upton, Pa. Feby. 9, 19.31
	20 UNDERTAKER ADDRESS
	Fred W. Kraiss, Hagerstown, Md.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer, (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomolive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-6) Grocery;

Statement of Cause of Death—Name, first, the cysea. Ease cousing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospial fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"tplanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart affection etc. The contributory Nomenclature need not be disease;

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V

--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD ANENT MARGIN RESERVED FOR BINDING NLY, WITH UNFADING INK--THIS IS A PE WRITE P V. S. No. 1

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
	(159) Registration Dist. No. 3 D (0
Village or City & general (No. 2FULL NAME Belly Stall	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Wheet Single, MARRIED, WIDOWED. Sungle (Write the word)	16 DATE OF DEATH Full 13, 198/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 / to 72 / 3 , 198 / that I last saw h smallive on Fef 5
7 AGE    If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)	(Duration) yts. mos ds.  Contributory Secondary
10 NAME OF FATHER Ovelle Sulleuses  11 BIRTHPLACE OF FATHER (State or country) Wolfswelle Bif  12 MAIDEN NAME M. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Not Cuffered M. D.  *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Many Stableeyer  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Iransients or Recent Residents)  At place of death
(Informant) amold Stattlewys (Address) Smilledurg Old 1  Filed Fef 14 1931 Los M. Farguson Registral	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Delle Graveyard  20 UNDERTAKER  ADDRESSA  ADDRESSA
1	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise speciments. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The materix. Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

> use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Iaemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

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MAR 4

more blanks are needed, address/State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. fired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken Housemuid, etc. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cr," etc. laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health Statement of Occupation Precise statement of oc For many occupations a single word or term on 01. 11 especially in industrial employments, it is neceswithout more precise specification as Home, and children, not gainfully em-If the occupation has been changed -Coal mine, etc. Wom-

Biasement of Cause of Death—Name, first, the mis-EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Spinal meningitis"); Diphilieria (avoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the head\_of\_"contributory." ture of the injury. Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicinal, or homicinal, or taken. For violent deaths state means of injury State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," ary), 10 ds. Never report more symptoms or terminal "Puerperal septicuemia," "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; "Debility" ("Congenital," "Senile," etc.), as fracture of skull, and conse-(Recommendations on state-Example: Measles "Апаешіа" "Соша," Measles; (mcrely (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know whatever, write None. business, that fact may be indicated thus; Former (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report household only (not paid Housekeepers who receive a cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons (b) Automobile factory. The material (a) the kind of work and also (b) the who have no occupation (6) ongineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic dereutospinal meningitis"); Diphehora avoid use of "Croud"); Typhoid fever never report "Typhoid Pheumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia";

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonities," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important. American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Mcustes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc. of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY "Congenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart Always qualify all Was not be disease; under-

If this certificate is looked over thoroughly and all questions answered in detail, it will provent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

URE

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD LY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BING WRITE PL V. S. No. 1

1PLACE OF DEATH	-02284
	STATE OF MARYLAND
County Trashing Town	CERTIFICATE OF DEATH
70 7	Registration Dist. No.
Village or Electron	St.: Ward) (if death occurred is a hospital or institution, give its NAME in stead of street and
2FULL NAME Tallie May	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, OR DIVORCED	16 DATE OF DEATH FLA 25, 1923/
female   While   (Write the word)	(Month) (Day) (Year)
Movember 8 - , 1871	17 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw har alive on A
7 AGE   If LESS than   1 day hrs.	
59 yrs. 3 mos. 20 ds. or min.?	La arcunanta d
8 OCCUPATION (a) Trade, profession or	Remie and to Someth
particular kind of work touse These	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)yrs,mosde.
9 BIRTHPLACE (State or country)	Contributory Secondary
I 10 NAME OF	(Durstion)
FATHER (1) 1 COMMON (1) PARAMENTE	(Signed) M. D.
0 11 BIRTHPLACE	4.6 2 6.1923 (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother avina J. Starkey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) acob W Symons	Former or usual residence
) > 1 + ( m/	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 7 mb alpand Ind	Buryville Va March & 19.31
Filed 2-28- 193/6hosft Frwerb Registrar	29 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the Dra-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros prior fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> as fracture of skull, and consequences (e. g., sepsis, telahus) may be stated under the head of "contributory." >(Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory Always qualify all

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	02285
PLAGE OF DEATH	STATE OF MARYLAND
County Washing Too	CERTIFICATE OF DEATH
al " mal	Registration Dist. No. 357
Village or City Crowns veller (No. 2 FULL NAME Portha & Tru	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Thwales Haite Single, Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2 1981 (Month) (Day) , 1981
7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  6 DATE OF BIRTH  (Month) (Day) (Year)  1 day,hrs.  ORmin.?	that I last saw bar palive on Tabural 8, 1951, and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
a) (a) Trada, profession, or particular kind of work	asute Bronshitis
business, or establishment in which employed (or employar)  BIRTHPLACE (State or country)	Contributory Promiso Promiso (Secondary)
10 NAME OF PUSSELL Tritation  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 NAME OF FATHER (State or country)	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Madress) (M
of Mother Farmer Main  13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
Interment Pressel Tritapor	Where was disease contracted, If not at place of death?
15 File Tel 19. 1981 Thelma Harrison	Prowns ville mol 2-19 1931  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registrar, 6 B	E. Franklin St., Balto., Requesting V. S. No. 1 Mod

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinlossis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report

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V. S. No. 1

	19966	
PLACE OF DEATH	STATE OF MARYLAND	
Marke entre	CERTIFICATE OF DEATH	
County // WWW. County // County // WWW. County // County // WWW. County // C	(23) CLINITICATE OF BEATT	
THE COMPANY OF THE CONTRACT OF	Registration Dist. No.	
Village or City Haghslaun (No. 7 Bellh	St.: 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and	
2FULL NAME / TOVULY / 1.	number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE MARRIED MARNIED	AS DATE OF DEATH	
Male bolored (Wite the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HERWBY CERTIFY, That I attended the deceased from	
still 10 ,400	2/24 19231 . 10 2/21 , 19231	
(Month) (Day) (Year)	that I last saw h Cy alive on 724 - 192 3/	
7 AGE     If LESS than	and that death occurred on the data stated abova, at Amm.	
1/0 / l day hrs.	The CAUSE OF DEATH * was as follows:	
4d yrs. mos. / 3 ds. or min.?	Talmonary Luker Coloses	
8 OCCUPATION	Lute strial	
(a) Trade, profession or particular kind of work		
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Durstion) vis. mos ds.	
9 BIRTHPLACE	/ Contributory /	
(State or country)	Secondary	
I 10 NAME OF	(Durstion) yra mos de.	
FATHER MASSON Walley	(Signed) M. D.	
11 BIRTHPLACE	2/2 192 (Address) / 2017 12 14 14 14 14 14 14 14 14 14 14 14 14 14	
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.	
of MOTHER Claradulas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE	lents or Recent Residents) At place In the	
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
TA THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or	
(Informant) Clara heroly-	usual residence.	
(Address) Hagerstown J.M.	Pose Till Cemetery Tet 2/ 1931	
15 7-79-18/6 4/HB-014	20 UNDERTAKER ADDRESS	
Filed 1 2 190 10 100 1 1 Registrar	Gred W. Kraids Hagerstown	
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (pe or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Caledanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Agc," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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PHYSI-STATE OF MARYLAND CERTIFICATE OF DEATH classified. EXACTLY, Registration Dist. No (If death occurred in Ward) a hospital or institution, give its NAME in-stead of street and number.) proper TATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR BACE OF DEATH MARRIE OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from ACE st (Month) (Day) that I last saw 7 AGE If LESS than and that death occurred on the date stated above. I day hrs. The CAUSE OF DEATH \* was as follows: min.? S. OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory I MARGIN BIRTHPLACE Secondary (State or count 4 ठ ज DO JL 0 ග (Address) OD LA OF FATHER or, In \*State the Disease Causing Death, S Violent Causes, state (1) Means of Injury and (State or country) (2) Whether 70 Accidental, Suicidal or Homicidal. OF-12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death. vrs......ds. (State or Country) hould to of O Where was disease contracted, if not at place of death?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement Former or Qual residence. DATE OF BURIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Seruul, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Daij worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, first line will be sufficient, e. g., Farmer or Planter, engineer, For many occupations a single word or term on be used only when needed. As examples: (a) yrs). (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Stationary fireman, etc. Automobile factory. The material person, irrespective of Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association. approved by Committee on Recommendations on statement of cause of lclamus) may be stated under the head of "contributory." earbolic ocid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal perdonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Mcosles, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. State cause for which surgical operation was tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease valvular heart disease, etc. The Nomenclature contributory not be under-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1931